JARGIN RESERVED FOR BINDING

### VS A15

PLEASE WITTE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

04971

Reg. Dist. No. 141

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
M. Branch	State Mary land county Frederick
(If outside city or town limits, write RURAL and give nearest town)	10 10 10
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No. Mess addition
Schnauffer Hospital	(If rural, give LOCATION)
How long in hospital of institution?	2.(a) It veteran, name war
3. (a) FULL NAME goseph Columbus 13.	3.(b) Social Security Number
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	The 10 115 1190
P. B. 11. 8 1	20. DATE OF DEATH. 19.43, at 4 M
8.(b) Name of husband or wife Almula Bille Garles	21. LGERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 7. Bir	7 Lay 19 19 10 May 1 d 19 0
7. Birth date of deceased (mo., day, yr.) Dec 7 1883	and that I last saw h. Manalive on The angle of a 1945
8. AGE: Years Months Days It less than one day	Impediate cause of death DURATION
61 5 5hrsmin.	Calleran & Grandia Ad 2
8. Birthplace	
(Town, county, and state)	Due to
10. Usual occupation 13 V O R R La anductor	
11. Industry or business Televistration.	Bue to
MI ALLA PLANT	
日 722 4	Dther conditions
2 13. Dirthplace maryland.	(Include pregnancy within 8 months of death)
14. Maiden name / all O. Shilling	
15. 8 ortholace Mary land.	Major findings of operations.
marki a Barral	
16. Intermant	Autopsy results
Address (Tural) Brunwork, Ind.	
17 Busin Date thereof May 15 19 W	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory / Tulklane	Where did injury occur?
Location Brownsvelle Marrhand	Injured at home, farm, industry, public place (where?)
18. Funeral director SX Deate + Bro	Means of injury Injured at work?
2 '1 20. /	70.0
Address muserek Maryant	23. SIGNATURE A. L. Den Shaper
19. Mely 14 19.45 Culling Martin	Address & sund is a R William Street Covillet

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (PA) CERTIFICATE OF DEATH

			131
Reg.	Dist.	No.	TOT

1. PLACE O		9		2. USUAL RESIDENCE	(HOME) Of	F DECEASED:		
County	Erederic	lr	•••••••••••••••••••••••••••••••••••••••	State California County Los Angeles				
City or town	(If outside city or	town limits, white R	URAL and give nearest town)	Los Angeles			*******	
How long in abov	e place of death?	Z Weeks	•••••••••••••••	City or term Los Angeles (If outside city or town limits, write RURAL and give nearest town)				town)
Hospital, Institut	ion, or street address	th Stree	: <b>t</b>	Street No				
				2.(a) If veteran, name war	(If rural, give			/
			***************************************	2.(a) If veteran, name war	NOILO			
3. (a) FULL						3. (b) Social		nber
			ER BEAN D. D.			None		
4. Sex	5. Color or ra		e, married, widowed, or diversed	M	EDICAL CE	RTIFICAT	ION	
M	C	S		20. DATE OF DEATH	May 1	lth,	19.45 at.	11:454
				21. I CERTIFY that death occur	rred on the date abo	ve stated; that let	lended deceased	from 19. 4-C
7. Birth date of	To	nuary 7,	t) If alive, give ageyears	and that I last saw h				
deceased (mo	years   Months		If less than one day	Immediate cause of death				DURATION
8. AGE:		4	hrsmin.	Caronary.	homba	RIO		1 clay
	Mini	3001	tate)	Due to				
	atlon	••••••••••		Due to				• • • • • • • • • • • • • • • • • • • •
11. Industry or I	Rev. Jo	hn M. Be	an	••••••				
12. Name	Rosnok	e, Virgi	ทา๋อ	Dther conditions		***************************************		
i 13. Birthpla	Tach	oll - Ital	Jand	(Include pre	gnancy within 8 n	nonths of death)		
置 14. Malden	nameISAD	ella Hol	Land	Majur findings of uperations.				
15. Birthpla	. Freder	ick Coun	ty Maryland	Majar Manage or aperson				
18. Informant	Mrs. U.	G. Bour	land ty Maryland ne, Sr.	Autopsy results				
			Frederick, Md.	PHYSICIAN: Please undertin	e the cause to wh	ich death should b	e charged stati	stically.
				22. VIOLENCE: If death was	due to external cau	ses, fill in the follow	wing;	
17. DUP	nation, or removal.	Date there	5/15/45 (month) (day) (year)	Accident, suicide, or homicide.	***************************************	Da	le of	••••••
Cometery or e	Met	hodist C	emetery	Where did injury occur?	/Cib	······		hata)
	Bolivar	, West V	irginia	Injured at home, farm, industry				
Location			***************************************		3, public place (wh	Injured at		****************
18. Funerel dire	ctor		on and Son	Means of Injury			)	
Address	Fred	erick, M	aryland	23. SIGNATURE 4/. 3	12.	11 . 11	7.5	D.
		$\sim 1$ .	nality y Hecle.			//	M. D. or ot	her
(Date ree'd	by registrar)	N.M	Registrar	Address Frederi	CK, Ma	ry Land	to planed 5=	12-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15 (-1)

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

### CERTIFICATE OF DEATH

131

City or to F  How long in above plac Hospital, institution, o  11 West	derick rederick outside city or town is e of death? 2 3 r street address where Fifth St	Tears death occurred creet	URAL and give nearest town)	(For newborn Infants give residence of a Maryland Country or many Frederick (If outside city or town limits Street No. 11 West Fifth (If rural, give 1.0)	Frederick  No., write RURAL and give nearest town)  Street
3. (a) FULL NAM	IE				3. (b) Social Security Number
New Contract	BLANCHI	E L. E	BOLEYN		None
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
F	W	S		May 11	th, 1945 at 9:15A M
6.(6) Name of husband 7. Birth date of deceased (mo., day,	Janua	8.(6	e) If alive, give ageyears	21.1 DELTIFY that death coursed on the date abo	ove stated; that I strended deceased from
8. AGE: Year	rs   Months	Days 1	It less than one dayhrsmin,		u minus 3 bs
11. Industry or busine	None			Due to	
13. Birthplace	Baltimor	e, Mai	ryland	(Include pregnancy within 3 a	months of death)
15. Birthplace	Baltimor	e, Ma:	ryland	Major Endings of Operations.	
16. Informant			ederick, Md.	Antopsy results	hich death should be charged statistically.
17 Buris	al	Date ther	eof 5/14/45 (month) (day) (year) t Cemetery	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide Where did injury occur?(City or town)	Bate of
Location	Freder	ick,	Maryland		rhere?)
Address	Freder	ick,	son and Son Maryland		Injured et work?  M • D •  M. D. or other
(Date rec'd by I	19 4 5 registrar)		Registrar	Address Frederick, Mal	ryland Date signed 5-11-45

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MAY 14 1945

BUREAU V.S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

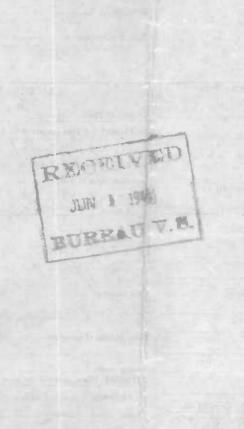
2411 N. Charles St., Baltimore 95-0

04974

### CERTIFICATE OF DEATH

Dist No / 32

1. PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED.		
County Fredexiels	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Md - County Fredexiel		
City or town	City or town Royal Middleton		
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Ella May Boyer			
4. Sex   5. Color or race   6.(u)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
	n. 29 11- 1101		
Female White Married	20. DATE OF DEATH		
6.(6) Name of husband or wife Eldripe C Bayer	21. I CERTIFY that depth occurred on the date above stated; that Lattended deceased from		
6.(c) If allve, give age	1/ hay 27 1945 to May 28 1875		
7. Birth date of deceased (mo., day, yr.) Rupust 27.1884	and that I last saw had alive on Thay 2 1949		
8. AGE: Years   Months   Bays   If less than one day	Immediate cause of death		
o. Add.	A SA		
60 9 1hrsmln.	Court Caldiag Wallow Con 17 175		
9. Birthplace de Chercon Trelevida Da M	Due to		
10. Usual occupation. Hanse is the			
	Due to Dubusteurs.		
11. Industry or business			
12. Name. We goot Butter Bisen	Other conditions		
2 13. Birthplace defferson, Red.	(Include pregnancy within 3 months of death)		
# 14. Maiden name Eliza Bocalus	Major findings of operations		
E 15. Birtholace de Clarence M. M. d.	Major hadings of operations.  Date of op.		
14. Malden name Eliza Bowles  15. Birthplace Lessers Md  16. Informant Eldrige Boyer			
16, Informant	Autopsy results		
Address Middletocon, Mid	22. VIOLENCE: If death was due to extegnal causes, till in the tollowing:		
17 Boy's Bate thereof 5-30-45 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, eremation, or removal. Which?)  Cametery or crematory. Mount Olivert Cometer			
	Where did lalury occur? (City or town) (County) (State)		
Location Frederick, 16(2.	Injured al home, 4arm, Industry, public place (where?)		
18. Funeral director Gladuill Co	Means of Injured at work?		
Address Widdletown, Md.	48 dl. h 1111		
	23. SIGNATURE M. D. or other		
19 May 20 1945 marie Gladholl	Della Harrisa 5-28-44.		
(Date pc'd by registrar) Registrar	Address Date signed		



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

### CERTIFICATE OF DEATH

04975 Reg. Dist. No. 131

(If o	rick ckerson - utside city or town li of death? 35	mits, write F years	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  City to be a county Co					
Hospital, Institution, or Forres How long in hospital or	t Grove	************	l:	Street No. Forrest Gr	Street No. Forrest Grove				
3. (a) FULL NAMI			ISTIANA BRECK		3. (b) Social Security Number				
4. Ses F	5. Color or race		widowed, or divoled.		certification 22nd, 45	9:30P			
	An ma at	6.(	Breckenridge  Off alive, give ageyea	21. I CERTIFY that death occurred on the da	ate above stated; that I attended dec	ceased from			
8. AGE: Years	Months	Days 18	If less than one day	Immediate cause of death	70	DURATION			
1D. Usual occupation	At Hom	connty, and a	County Virgin	Due to		Jun			
14. Malden name 15. Birthplace 18. Informant	. Willia	Unkno m T.		Major findings of operations	Date of op				
17 Burial (Burial, commetter, Cemetery or cremeter)	Mount Freder	Date there	t Cemetery Maryland son and Son		nai causes, fill in the following;	(State)			
Address	Freder	ick,		23. SIGNATURE T+daw Frederick. M	Jarvland M.D.	M. D.			

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MAY 25 1945

BUREAU V. S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

### CERTIFICATE OF DEATH

04976 Reg. Dist. No.... 13

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor newborn infants give residence of mother)
County	State Maryaux conty Trederick
(If outside city or town limits, write RURAL and give neared, town)	1 Francisco
How long in above place of death?	City or the control of the city or town limits, write RURAL and give nearest town)
Hospital, Institution, or expect address where death occurred	Street No.
Julique Hospital	(If rural, give LOCATION)
How long in hospital or institution	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
albert States 1/	Trookly mme
4. Sex   5. Color of sace   6.(a) Single, many the widowed or defected	MEDICAL CERTIFICATION
Malo white decolo	m. 29 11- 20
The amount of the second	20. DATE OF DEATH 19.45 at Amm
6.(b) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated, that I ellepded deceased from
	19 43 to May 21 19 13
7. Birth date of	and that I last saw Alexattre on Many 37 19 45
deceased (mo., day, yr.)  8. AGE: Years Months Das It less than one day	Immediate cause of death
0. 10. 05	Chrone mysceraes
min A Market	
9. Birthplace / Reduced Creek / Kenyace	Due to
Supply, and sixte)	
10. Usual occupation.	Due to
11. Industry or business of mystrofa Brick	
12. Name. Peller Brookley  13. Birthplace	Dither conditions Children Oclaronis :
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Malden name Men Jord Jord Joseph 15. Birthplace Nederich Creset. Markace	Major findings of operations
\$ 15. Birthplace Judicella new Manager	Date of op.
16. Informant	. Autopsy results
Address Trelerica md. /	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 10 21- 20-104	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation or removal, Which?)  Dale thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or comments of bothers ceruitary	Where did injury occur? (City or town) (County) (State)
5 die me	Injured at home farm Industry public place (where?)
Location Location	Meens of Injury . Injured at work?
18. Funeral director. To E. Tolling.	
Address Frederick Md.	VALLINO MO.
00. 1 to le 11. a	23. SIGNATURE M. D. or other
19. 28 - Way 1945 Charletta 7. There is a Registra	I Address Tradrica his Date signed May 284

An Rhine

MAY 31 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 186-2 CERTIFICATE OF DEATH

2 HEHAL DECIDENCE (LICAME) OF DECEASED.

1. PLACE OF DE	EATH: ederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town IF 70 (If Row long in above place Hospital, Institution, o		Runal mits, write R	URAL and give nearest town)	State Maryland County Frederick  City or town Graceham (If outside city or town limits, write RURAL sud give nearest town)  Street No.  (If rural, give LOCATION)
	or Institution? 4 0			(If rural, give LOCATION)  NO  NO
3. (a) FULL NAM			IRMAN	3. (b) Social Security Number NONE
4. Sex	5. Color or race		, married, widowsd, or divorced	MEDICAL CERTIFICATION
Female	White	Sin	gle	20. DATE OF DEATH. Way 15 19.45 at 5 / M
7 Pielb dole of	or wifeyr.) April 2	6.(0	e) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
8. AGE: Year		Days	If less than one day	Immediate cause of death
7	7 0	25	hrsmin.	
10. Usual occupation.  11. Industry or busine.  12. Name	Se Own hor Villiam Bu Sabillas	rk ne. nhrmar	n , Maryland.	Oue to
14. Malden name	Emily Ha	arbaug	gh 7, Maryland. Sser	Major findings of operations.
15. Birthplace	Eyler's V	Valley	, Maryland.	Date of op.
	rs. Carri Traceham,			Autopsy results
17. Burial, crametic	of Grace	oate there	enf May 18, 1945. (month) (day) (year) emetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location	Graceha	m, M	d.	Injured al home, farm, industry, public place (where?)
18. Funeral director.	M. L. C	reage	r & Son.	Means of Injury Feel dawn Ported to work?
Address	Thurmon		d.	PAPUTY MEDICAL EXAMINED
	19.4.5	40	izalitliy Hech.	23. SIGNATURE M. D. or other Address Date signed Way 14





CERTIFICATE DE DEADE

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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(30)	
(20	

131

	No.	463	CERTIFICAT	TE OF DEATH	Reg. Dist. No	131
(If ou How long in above place of Hospital, Institution, or s	erick derick  teide city or town lin f death? Lif treet address where de 12th Str	nits, write Ni e eath occurred:		City or Frederick  (If outside city or town limits)  Street No. 18 West 12th	mother) Frederic ounty ts, write RURAL and giv	•••••••••
3. (a) FULL NAME					3. (b) Social Secu	rity Number
			CES BURNS		None	
4. Sex	5. Color or race	6.(a)Single	married, wi <del>dowed, or dispused -</del>		th, 1948	
6.(b) Name of husband o  7. Birth date of deceased (mo., day, yr.	Decemb	5.(c	Burns Olt allve, give age 28 years 1915	21. I CERTIFY that death occurred on the date ab	bove stated; that I attended  42 to May  May	deceased from
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death		DURATION
10. Usual occupation  11. Industry or business  12. Name G1	enn G. G	onnty, and st OMO		Due to	ins ins In	
			ty Maryland	(Include pregnancy within 8		
16. Informant			ty Maryland rederick, Md.	Antepsy results		rged statistically.
	Mount O	Date there	of 5/6/45 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide  Where did injury occur?(City or town) Injured at home, farm, industry, public place (	Date of (Connty)	
NACTOS .	M. R. E Frederi	ck, M	on and Son aryland inabell Heck	Means of Injury  23. SIGNATURE. H. Lewer  Address. Frederick, Man	Injured at work?	M. D.

HTASE BOUT ADDITIONS



PLEASE WRITE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

14979

Reg. Diat. No. 131

1. PLACE OF DE	ATH: erick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City of the Frederick				State Maryland County Frederick		
City or terrederick (If outside city or town limits, write RURAL and give nearest town) Life How long in above place of death?				City or ignormal City o		
Hospital, Institution, or street address where death occurred:				Street No. 102 East Street		
102 East Street				(If rural, give LOCATION)		
How long in hospital or	Institution?			2.(a) If veteran, name war None		
3. (a) FULL NAM		MAY	CARROLL	3. (b) Social Security Number None		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
F	C		Unknown	20. DATE OF DEATH. May 6th, 19 45 at 4 A	M	
				21. I CERTIFY that death occurred on the data above stated; that I attended deceased from	. 148	
	or wife			12:23 6, 19.45 to 19	****	
7. Birth date of	Monah		e) if allve, give ageyears	and that I last saw in the on the on the on the one of	•	
deceased (mo., day, )  8. AGE: Years		Days	If less than one day	Immediate cause of death DURATION	)	
	7 1	16		12 Language 12 La	<b>A</b> .	
10. Usual occupation  11. Industry or busines	Dome s	county, and a	ick-Maryland	Due to		
12. NameJO	hn Carro			Other conditions		
	Washing		D. C.	(Include pregnancy within 3 months of death)	_	
14. Malden name.	Katie W	icks		Major findings of operations.		
			ty Maryland	Bate of op.	****	
16. Informant Mr	s. Rudoly	oh Ly	les	Autopsy results		
Address Fr	ederick,	Mary:	land	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buria	1 or removal, Whitehal	Date there	5/8/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation	Fairvie	2007 ( 0.00	(month) (day) (year)	Accident, suicide, or homicide	** **	
Cemetery or comment				Where dld injury occur?		
Location			Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	M. R. I	stchi	son and Son	Means of Injury Injured at work?	_	
Address	Freder	ick, I	Maryland	BM as		
19. T Way (Date rec'd by 19	19 4 b	93	isalette J. Heck.	23. Signature Sther Frederick, Maryland Date signed 5-7-45.		

RECEIVETT MAY 8 1945 BUREAU V.S.

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## PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

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	Come of the	
9 (	940	

### 04980

CERTIFICATE OF DEATH

		10			
			1	4	1
Reg.	Dist.	No.	 1		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Iredusck	(For newboy) infanta give residence of mother)
City or town T3 runswick	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Chillies the
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
B.O.R. Station	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	12 (h) C : 1C W 1
R 1 7 . C	3. (b) Social Security Number
Dascomb Lane	nipley
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MW	13 000 / 1/12
7 0 0 7 1 1 1 1	20. DATE OF DEATH
6.(6) Name of husband or wife Caretyu C. Chipley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) NOU 10 1884	Immediate cause of death
8. AGE: Years Months Days If less than one day	
60 6 3 min.	
6/11/1/0 50	ar course
9. Birthplace (Town, county, and state)	Due to
TPL Suran	
10. Usual occupation.	Due to
11. Industry or business Med - Du. + Suft Chillist of	
E 12. Name T. S. Chiply	Pathan and Ulana
0 +010.7	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Court Caroline  15. Birtholace  South Caroline	
15. Birthplace South Caroline	Major findings of operations.
man a la continue	Date of op.
16. Informant Mo. Carotyn	Antopsy results
Address 200 171 71 71 41	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D A MIL IN INST	22. VIOLENCE; If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
	Where did latury occur?
Cemetery or crem dory	Where did injury occur?
Location Treemorod 5	Injured at home, farm, Industry, public place (where?)
OW. tag.	Means of injury Injured at work?
18. Funeral director	Deputy
Addrese Brunnik Md.	D. W. Sow washard En
00.	23. SIGNATURE
19. May 13 1945 Gaussina Marlin-	Tablemed 41 5.13 44
(Date rec'd by registrar)	Address Date signed Date signed

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-1-

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)  Mary land  County  City or fown. Baltimore (If outside city or town limite, write RURAL and give nearest town)  Street No. 1818 N. Mil ton Av.e. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number 217-01-3353
4. Sex   5. Color or race   6.(a)Slogie, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH May 18 18.45. at 6. P. M
B.(6) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that t attended deceased from  June 1 19.44, to May 18
7. Birth date of day vr.) Oct. 25, 1914	and that I tast saw h. C.T. alive on May 1.8 DURATION
8. AGE: Years   Months   Days   If less than one day   30   6   23	Immediate cause of death Pulmonary Tuberculosis Duration 13 Mos.
B. Birthplace Baltimore, Maryland (Town, county, and state) Office Work  10. Usual occupation 11. industry or business	Due to
12. Name Morris Thomas  13. Birthplace Baltimore, Mary land	Other conditions
14. Malden name. Lillian Beatty 15. Birthplace Baltimore, Maryland	(Include pregnancy within 3 months of death)  Major findings of operations
18. Informent Deceased	Autopsy results
Address  17 (Burial cremation, or removal, Which?)  Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18, Funeral director Color Col	Means of Injury  Injured at work?  23. SIGNATURE.  M. D. X. X. X. X. X. M. D. X. X. X. X. M. D. X.

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 943

### CERTIFICATE OF DEATH

04982 Reg. Dist. No. 13

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Frederick	
113-06000000	State. Md. County Filed LD:
(If outside city or town limits, write RURAL and give nearest town)	1/2-0/2
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
<u>.</u>	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	2.(4) Il reterall, llame wal
Susie Elizabeth Clein	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lewale w widowed	20. DATE DE DEATH VM 04 / 19 45 at 8'/5 P.M
Sugar O Plan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Nama of husband or the College of husb	21.1 Centrer that beath occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) face. 8, 1874	and that I last saw h.Q. A. Alive on
8. AGE: Years Months   Days   If less than one day	Immediate couse of death DURATION
7/ 3 23hrsmin.	Colonay thousand
9. Birthplace. Nr. Walkerville Fied Co. md. (Town, county, and state)	Due to.
10. Usual occupation Housewife	
	Due to
11. Industry or business	
12. Name Charles O Bittles 13. Birthplace Fred 86	Dther conditions
	(Include pregnaucy within 3 months of death)
14. Maiden oame. Mary Jane Crager  15. Birthplace Fred. Co.	Major findings of uperations
	Date of op,
16. Informant Charles O. Bettler, gr.	Antopsy results.  PHYSICIAN: Please nuderline the cause to which death shund be charged statistically.
Address Walkersnille	
17 Berial got throat many 4 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whichi)  (Burial, cremation, or removal, Whichi)  (Burial, cremation, or removal, Whichi)	Accident, suicide, or homicide
Cemetery or semes Tlade Quetery -	Where did injury occur?
101-01/0	
Location Walkers wells	Injured at home, farm, industry, public place (where?)
18. Funeral director J. C. Bactac	Means of Injury Injured at work?
Address Walkersville	23. SIGNATURE ( ) tuday
19.3 - May 1945 Elizabette 4. Hock. (Date rec'd by registrar)  Registrar	Address Wolfdersull Md Date signed 5/8 ks

CHRYSTICKTE OF DEATH.

RECHIVED MAY 5 196 BUREAU V.E.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

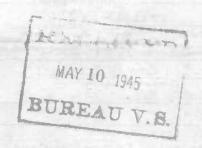
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

### CERTIFICATE OF DEATH

04983 Reg. Dist. No. 31

1. PLACE OF DEATH:  County		2. USUAL RESIDENCE (HOME (For newborn infants give residence	O OF DECEASED:			
		state Maryland	County Frederick			
		City or town (If ontside city or town limits, write RURAL and give nearest town)				
Hospital, institution, of	or street address where	leath occurre	d:			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4103 Nort	h Bent	z St.	Street No. 4103 North Bentz St.		
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war None		
3. (a) FULL NAM	1E				3. (b) Social Security Number	
		iam H.	Comfort		None None	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or diverced	MEDICAL	CERTIFICATION	
Male	White	Wid	lowed	20. DATE OF DEATH May 5th	19.45 at 2 A. M	
n (1) N (1)	Tare	v T., T	ease		e above stated; that I attended deceased from	
				march 4	1945 10 Zelay 5 1845	
7. Birth date of		6.(	c) If allve, give ageyears		may 5 1 18 46	
deceased (mo., day,	yr.) Apr	11 20-	-T00 (	Immediate cause of death		
8. AGE: Year	rs Months	Days	If less than one day	Chronichni	searlitis years+	
	78 0	15	hrsmin.			
a Righniaca	Frederick C	ounty	Maryland	Due to.		
	(Town,	county, and	state)			
10. Usual occupation.	Candy N	Ig.		Due to		
11. Industry or busine						
12. Name	H.J.Comfort			Other conditions		
12. Name	Frederic	k Cour	ity Maryland			
8	Willi	a A. C	Coliflower	(Include pregnancy withi	n 8 months of death)	
14. Maiden name			o. Md.	Major findings of operations		
				***************************************		
16. Informant	eorge Wm. C	omfort	,			
Address Wa	ashington.	D.C.			o which death should be charged statistically.	
			May 8-19/5	22. V!OLENCE: If death was due to externa		
Burial Burial Bate thereof May 8-1915 (month) (day) (year)				Accident, suicide, or homicide	Date of	
Cometery or createry Mount Olivet Cemetery			Cemetery	Where did injury occur?(City or tov	wn) (County) (State)	
Location Frederick, Maryland			ryland	Injured at home, farm, Industry, public place	e (where?)	
18. Funeral director	C.E.Cli	ne and	Son	Means of Injury	Injured at work?	
Address	Frederi	ck, Ma	ryland	BA	homas	
18. 7- Way (Date ree'd by registrar)  18. 45- Elizabeth y Hech Registrar			lisabeth y. Hech.	23. SIGNATURE	M. D. or other	
(Date ree'd by r	egatrar)		Registrar	Address. 782dcreek,	mac Date eigned 71/45	



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information corectully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

### The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

### CERTIFICATE OF DEATH

Reg. Dist. No. .

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County A Maleriba	(For newborn infinite give regidence of mother) He Soriali
Mederich Much	State County County
(If outside city or town limits, write RURAL and give nearest town)	Gauselle, Rural
How long in above place of death?	(If outside of or town limits, write RURAL and give nesrest town)
Mersley Hospital, institution, offered address where death occurred Hospital	Street No
1 1 200 1 15 1 21	(If rural, give LOCATION)  2.(a) If veteran, name war. None
How long in hospital or institution	
3. (a) FULL NAME	3.(b) Social Security Number
pines sumprow V.	None
4. Sex 5. Color of race 6.(a) Single, married, Addowed, or divaries	MEDICAL CERTIFICATION
Male wester Widowel	m. 23 # 2.
The state of the s	2D. DATE OF DEATH. May 23 1948, at W. M
6.(6) Name of Auchant or wife Alerra Serry Jenney	21. I CERTIFY that death occurred on the date above stated: that pattended deceased from
	May 14 19 48 to May 23, 19 45
7. Birth date of A-P a larc /	and that I last sayfull allve on May 26, 19
deceased (mo., day, yr.) (Yelosius 9, 1861	Immediate cause of death
8. AGE: Years Months Days It less than one day	Chracie myscardites -
12 7 /4hrsmin.	
Virgeiea	Due to
9. Birthplace(Town, county, and etate)	DGC 10
10. Usual occupation Sarmer	
11. Industry or business	Due 10
	Witness Zeliene
12. Hame Solus 1. Acros 1.	Dther conditions
13. Birtilaides - A A Magaella	(Include pregnancy within 3 months of death)
14. Maiden name Mary Clisabella Colegneau	
14. Maiden nate Mary Westell Staffeace  15. Birthplace	Major findings of operations.
15. Birinplace	Date of op
16. Informant Cycles Carles	Autopsy results
Address Mergeres Host, Medereca Ma.	
Bunio 7 5/26/45	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17 But I Land (Buriai, cremation, or removal. Which?)  (Buriai, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or Hount Olivet Cemetery	Where did Injury occur?
Frederick, Maryland	Injured at home, tarm, Industry, public place (where?)
Location	
18. Funeral director. W. L. Burdette and Son	Means of injury Injured at work?
Address Hyattstown, Maryland	WINO. M. D.
CU. V As Us II. U	23. SIGNATURE M. D. or other
19 24 May 1945 Elisabeth J. Heck.	Address Frederick, Maryland Date signed 5-24-45
(Date rec'd by registrar) Registrar	Address Date signed

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MAY 25 1945

BURBAU V.S.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 4 CERTIFICATE OF DEATH

Daw	Dist	No	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Marylund County Ludend
City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	10
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No. A. Many Floring St.
How long in hospital or institution?	(If rural, give LOCATION)
3.(g) FULL NAME	
ano Charles Vaus	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manied	20. DATE DE DEATH MAY 5 19.45 at 9 45 M
B.(b) Name of husband or wife Alacian Junguis Watts	21. I CERTIEY that death genered on the date above stated; that I attended deceased from
7. Birth date of	194V 10 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth date of deceased (mo., day, yr.) Sept. 13 1877	and that I last saw h. A. alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
67 7 22 hrs	De la companya della companya de la companya della
	Company of the second
8. Birthplace (Town, county, and state)	Due to
1D. Usual occupation. Bt O.R.R. Brakemen	B I.
11. Industry or business (Retired)	Due to
12. Name As Jane Wellby Name	Dther conditions
Z 13. Birtherfece	(Include pregnancy within 8 months of death)
14. Malden name Allandaku Lacen	Major findings of operations.
15. Birthplace Sugmin	Date of op.
18. Informant Man Salary J. Warnsh	Autopsy results
Address Bangowich Md.	PHYSICIAN: Please and seline the cause to which death should be charged statistically.
17 Busial Date thereot May 7 1945-	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Land Hellenham	Where did injury occur?
Location Businesiach Mill	Injured at home, farm, industry, public place (where?)
18. Funeral director C. N. Feetle & Bas	Means of Injury July 2 at work?
Address Brusswick Mel.	STIMMED (BILL)
may 5 man + -	23. 4SIGNATURE
19. Matter roy'd hy registrar) 19 4 Matter Registrar	Address Henrillacy Es Date signed 6/6/91

HISE OF TOUR LAND COMPANY WAY & LAT V.B.

## WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

ARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore 33-2

04	986		
	er Dist	No	13

1. PLACE OF DEATH:  County			Street No. R.D. Mt.	ce of mother)  County Frederi  On  Simits, writs RURAL and giv  Airy  , give LOCATION)	e nearest town)	
3.(a) FULL NAME  AMY E. DRONEBURG				3. (b) Social Secu		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White		cried	20. DATE OF DEATH MANY		
			Droneburg	21. I CERTIFY that death occurred on the dat	te above stated; that I attended	deceased from
7. Birth date of deceased (mo., day,		May	c) It alive, give age 50 3, 1898		May 27	19.4.5
8. AGE: Year 4.7		Days 25	It less than one day		<i>A</i>	
Frederick Co. Maryland  (Town, county, and state) Housewife  10. Usual occupation. Housewife  11. industry or business    12. Name   Augustus Etzler				Due to		7
13. Birthplace	ugustus Ma	rylan	er l	·· Other conditions		
14. Malden name.	••••••	elia ] ryland	***************************************	(Include pregnancy with		
16. Interment George W. Droneburg  Mt. Airy, Md.				Autopsy results		
Burial Date thereof 5-30-45  (Burial cremation, or removal Which?) (month) (day) (year)  Cemetery or crematory Central Meth.  Location Central, Frederick Co. Md.				22. VIOLENCE: It death was due to externa  Accident, suicide, or homicide	Date of  Wn) (Connty)	
18. Funeral director				Means of Injury  23. SIGNATURE	tajured at work?	2, 24.5.
19. May 29 (DateDec'd hy re	19.45 gistrar)	Lucia	u K. Falcones Registre		M. Oate sig	D. or other

### CARTIER OF DEATH OF MALTH

JUN 5 1945 BURRAU V.S.

### PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and registy MARGIN RESERVED FOR BINDING

PLEASE WRITE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 832

Reg. Dist. No. 144

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)		
City or lown (If outside city or town limits, write RURAL and give nearest town)	State Mansflanda County Frankerseld		
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:			
	Street No		
How long in hospital or institution?	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
male White Widowell	20. DATE OF DEATH 20. DATE OF DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DATE		
6.(b) Name of husband or wife Susan & Me Jusick Eyler	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
6.(b) Name of husband or wife. W. O. M. D. Marseck. Office.	The desired that death occurred on the date above stated; that saftended deceased from		
	and that I larged he was alive as Marca 28		
7. Birth date of deceased (mo., day, yr.) 7eb 7th #\$60	and that I last san it		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION		
85 3 31nrsmin.			
9. Birthplace (Town, county, and state)	Due to Central Calenia colonia De yrs		
10. Usual occupation Carfrontin	Due to		
11. Industry or business	/		
12. Name Benjamin Eller	Other conditions bearing 2 days		
12. Name Desifario Effect			
14. Maiden name Martha (Rider) Eyler 15. Birthplace may land	(Include prognancy within 3 months of death)		
15. Birthplace	Major findings of operations		
2			
18. Interment Long, and It Lings live	Autopsy results		
Address Trumonh			
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following;  Accident, suicide, or homicide		
Cemetery or crematory. Usailed Scattleanna	Where did injury occur?		
Location Thursday	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director Willfride & Breeger	Means of Injury Injured at work?		
Address Thursonh	La Stan MA		
19. May 30 19 45 Que a M. Joules (Date regulary Registrar)  Registrar	Address Date signed 129/X		
Per Blanche S. Eyle	Date signed		



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH: County Frederick						2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)				
Tiles of and a de-						State Maryland County Carrioll				
City or teach (If outside city or town limits, write RURAL and give nearest town)						City or town	hooks	111		
How long in above place of death?					(If outside sity or town limits, write RURAL and give nearest town)  Street No. 220 1 1 37 37 37 37 37 37 37 37 37 37 37 37 37					
220 East 75						Street No				
How long in hospital or institution?						2.(a) tf veteran, nam	no	give LOCATI	·····	<u> </u>
3. (a) FULL NA	ME	7/88				1,111		3. (b)	) Social Security	Number
		lavini	a Cat.	nerine Fogl	none					
4 Semale		olor or race	6.(a)Single	married, widowed, or dispreed	0.	MEDICAL CERTIFICATION				
T. emerte	- 1	White	Widowed			79				
						2D. DATE DF DEATH. May / 3 1995 of love M				
6.(6) Name of husband or Norris N. Fogle						21. I CERTIFY that de	eath occurred on the date	above stated;	that I attended dece	ased from
7 5 15 4 1 - 2			6.(c)	If alive, give age	may	_/	11/11/11	0	19.	
7. Birth date of deceased (mo., day, yr.) August 15. 1870						and that I last daw h.	alive on	//		19.72
8. AGE: Ye	ars	Months	Days	If less than one day		Immediate cause of	death	Thems	a leave	DURATION
	74	8	28	hrs	mln.	***************************************	State		- Jan	· · · · · · · · · · · · · · · · · · ·
Johnsville, Frederick Co. Md						2	metaria			Aces -
9. Birthpiece		(Town,	county, and st	ate)	***********	Due 10	a filosoficial de la constante	×	•••••••	
1D. Usual occupatio	n Re	etired	*************************	***************************************	Busto Class	lin Varrola	Rene	Misagn	alus)	
11. Industry or bush	ness	72			Due to	**************************************				
当 12. Name		n Bost			Biber conditions	Exlant	m -	***********************	***************************************	
12. Name John Bostian.  13. Birthplace Ferderick Co., Md.										***************************************
Maiden non	Rel	becca !	Metz.		(Include pregnancy within 3 months of death)					
14. Maiden name Rebecca Metz.  15. 6irthplace Johnsville, Frederick Co. 1						Major findings of op	erations	•••••••••		
15 Information Mrs. Mertie Storr								••••••	Dafe of op	
16. Informant 220 E. ath St. Frederick, Md.							underline the cause to			
Address 22	OE.	ath :	ot. Fr	ederick, Mo	1.					statistically.
Burial Burial Date thereof Nay I6, I945 (Burlal, cremation, or removal-Whichi)-							eath was due to external	TOTAL TOTAL	1	
(Burlal, cremation, or removal, Which?) (month) (day) (year)							homicide			
Cemetery or Cemetery. Beaver Dam Cemetery.						Where did injury occi	(City or tow	n)	(Connty)	(State)
Location Near Johnsville, Md.						Injured at home, farm	, tndustry, public place	(where?)		
16. Funeral director M. L. Creager & Son						Means of Injury			Injured af work?	C. Company
Address Thurmont, Md.							H. Lan	21-1-	20	mo)
۸.,			an.		23. SIGNATURE	// - 20000	une	MAIN	or other	
19. 15 WC	registrar)	19¥5		saluth y. Her	gistrar	Address Tree	dence to	rd	Date signed.:	5-14-45

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)

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### CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  County. Frederick  City or tame. Frederick  (If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death? 7 Hours  Hospital, Institution, or street address where death occurred:  Frederick City Hospital  How long in hospital or institution? 7 Hours  3. (a) FULL NAME  ROBERTA CRAMPTON FOSSETT  4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced  F	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland County Frederick  State. New Market  (If outside city or town limits, write RURAL and give nearest town)  Streef No				
6.(b) Name of husband or Talmadge W. Fossett  7. Birth date of Indian or Talmadge W. Fossett	20. DATE DF DEATH 19.45 at /2.45.P. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19				
8. AGE: Years Months Bays If less than one day 46	Immediate cause of death 2 rd degree from DURATION 7 Leves 10 degree from DURATION 7 hrs.				
18. Usual occupation	Due 10				
15. Birthplace Frederick County Maryland  16. Informant Walter J. Fossett  Address New Market, Maryland	Major findings of operations				
Burial Bate thereof 5/7/45  (Burial, exposed, Whiteh) Bate thereof (Month) (duy) (year)  Cemetery or Garage Colored Cemetery  Location New Market, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. C. C. Bate of 9. Y. Y. 9  Where did injury occur? City or town)  (City or town)  (Gounty)  (State)  Injured af home, farm, industry, public place (where?)				
18. Funeral director M. R. Etchison and Son Address Frederick, Maryland  19. 5 - Way 19.45 Elizabeth J. Hedda (Date ree'd by registrar)	Means of Injury 8 and fund Injured at work?  23. SIGNATURE P. D. Or other  Address. Fudura, red Bate signed 2 . 4 . 45				



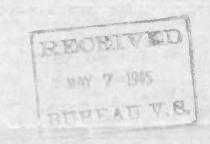
MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

131

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)		
	State Maryland County Frederick		
City or to Frederick (If outside city or town limits, write RURAL and give nearest town)	Now Montrot		
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town)		
Frederick City Hospital	Street No.		
Now long in hospital or institution? 6 Hours	(If rural, give LOCATION)  2.(a) If votoran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
TALMADGE WILLIAM FOSSETT	3. (0) Bocial Security Number		
4. Sex 5. Color or race 6.(a) Since married, widowed, or divorced	MEDICAL CERTIFICATION		
M C W	20. DATE OF DEATH Way 4 19 45 at 11.55 A		
6.(b) Namo of a mile Roberta Crampton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
e (a) Malting along an			
7. Birth date of deceased (mo., day, yr.) April 11, 1897	and that I last saw h 1 17 all the on May 4 1945		
8. AGE: Yoars   Months   Days   If less than one day	Immediate cause of death 2.14 degree DURATION		
48 0 13nrsmin.	bury of entite 6 hrs.		
. Birthelese New London-Frederick-Maryland			
(Town, county, and state)	Explorin I Noul when		
10. Usual occupation Laborer	Coolast was round with		
11. Industry or business	c		
E 12. Name Walter J. Fossett	Dther conditions		
13. Birthpiace Carroll County Maryland			
# 14. Malden name. Fannie E. Dorsey	(Include pregnancy within 3 months of death)		
14. Maiden name Fannie E. Dorsey 15. Birthplace Frederick County Maryland 16. Informant Walter J. Fossett	Major fiudiage af aperations.		
18 Informati Walter J. Fossett	Autopsy results		
Address New Market, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to extornal causes, fill in the following;		
Burial Burial Date thereof 5/7/45 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide. O de Dato of Y.		
Cemetery or Colored Cemetery	Where did Injury occur? Very Marchet neduct, vo. (City or town) (County) (State)		
Location New Market, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director M. R. Etchison and Son	Moans of Injury Stone - Injured at work?		
Address Frederick, Maryland	MALE STON MEDICAL BAER		
19 5- May 1945 Elisabeth & Heck	23. SIGNATURE M. D. or other		
(Dato rec'd by registrar)	14 1-reduced 14 2 4. 49		



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9370

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1.7	1.2	2.3	: (
10	J.	W	-
			4

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: 2. US		
	SUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
00001	Md county Federich	<b>14</b>
(If outside city or town limits, write RURAL and give nearest town)	(If outside city or town limits, write RURAL and give pearest town)	
How long in above place of death?	(If outside city or town limits, write KURAL and give nearest town)	
Home For Ile aged Street	No	
	lf veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
bora de Vous	nene	
4. Sex 5. Color or race 6.(a)Single, married, widewed, or divorces	MEDICAL CERTIFICATION	
female White suigle 20. DA	re OF DEATH May 8th 19 45 , at 5 A.	M
21. I C	ERTIFY that death occurred on the date above stated; that I attended deceased from	
10° 10° 10° 10° 10° 10° 10° 10° 10° 10°	April 25th 1945 10 May 8th 1945	
7. 9irth date of and the	at I last saw her alive on May 7th 1945	
Dave If less then one dou	inte cause of death	
80 10 21min.	rebral hemorrhage 4 day	5
Beauty to Frederick Med		*****
9. Birthplace (Town, fourty, and state)	ronic myocarditis Long p	er
In Heust occupation	iod of	
11. Industry or business	time	*****
	onditions	
E many trade to Can mad		
	(include pregnancy within 3 months of death)	
Major	findings of operations.	****
AD d'P	Date of op	*****
16. Informant Autopu	y results	
Address The decide Mich	OLENCE: if death was due to external causes, fill in the following;	
- 62/2000	nt, suicide, or homicide	
	did injury occur? (City or town) (County) (State)	
Location	at home, farm, Industry, public place (where?)	*****
18. Funeral director — Means	of Injury Injured at work?	_
Address Tredenih Md.	(Off Poreles	
	C. H. Conley, M.D. XXXII	



# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 93-0

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Maryland  County Frederick  City or town Catoctin - near Thurmont. (If ontside city or town limits, write RURAL and give nearest town)  Street No		
3.(a) FULL NAME Anna Mary Catherine Frale	ey  3.(b) Social Security Number none		
4. Sex 5. Color or race 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH May 29, 1945 11:30 M		
6.(b) Name of husband or wife Harry W. Fraley  6.(c) If alive, give ags 73 years  7. Birth date of deceased (mo., day, yr.) February 6, I866	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from  19. 5. to 2.9. 19. 5.  and that I last saw h. 2.3. alive on 2.9. 19. 5.		
8. AGE: Years   Months   Days   If less than one day   79   3   23  hrshrs.	Immediate cause of death DURATION  Sylvanian Duration		
9. Birthplace Lewistown, Frederick Co., Md.  (Town, county, and state)  10. Usual occupation. Housewife.  11. Industry or business Home  12. Name Thomas Shaeffer  13. Birthplace Lewistown, Md.	Due to		
14. Malden namo Susan Houck. Su	(Include pregnancy within 8 months of death)  Major findings of operations		
Address Lewistown Md.  17. Burial Dato thereot May 3I, I945 (Burial, cremation, or removal, Which?)  Cometery or cromatory Lewistown, Md.  Location Lewistown,  18. Funeral director M. L. Creager & Son  Address May 3I, I945  Comparison (Month) (day) (year)  M. L. Creager & Son  Thurmont, Md.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If doath was due to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  23. SIGNATURE.  Address.  Date signed.		

# DESCRIPTION OF THE PROPERTY OF

BITARUL STORED DE L'EXCLOR ADTE

RECEIVADO
JUN 2 1945
BUREAU V.B.

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

Reg.	Di	st.	No	./	LL	
U	4	9	9	3	61	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	State County Loude
City or town	City or town Assal Street 15 with
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No. (If raral, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	13. (b) Social Security Number
Charles Codused France	klii —
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male mule single	20. DATE OF DEATH. THE STATE OF ME 1945, at 6 PM
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May 18 44 10 Thay 0 18 45
7. Birth date of deceased (mo., day, yr.) 120 13 1869	and that I last saw hole alive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
75 5 22 min.	
Visineia	Due to 500 M
9. Birthplace	
10. Usual occupation	Due to Chance Nath Livelel
11. Industry or business	
12. Name Justanus J. Franklin	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Maiden name Many Frye	Major findings of operations.
15. Birthplace Vinginia	Date of op.
18, Interment III & C. Milleurs	Autopsy results
Address Lovetteville )ra	PIIYSICIAN: Please underline the cause to which death should be charged statistically.
12. May 8 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Millian Climitus	Where did injury occur?
Location Location Last	Injured at homo, tarm, industry, public place (where?)
18. Funeral director C. H. Feeto & Bev	Means of injury Injured at work?
Address Brigging Md.	1.00.00
2111 5 6 211 4	23. SIGNATURE. W. D. D. or other
19 May 5 — 18 45 Cuma Manua (Date rec'd by registrar)	Address Branch Male R Bate signed May 5-45

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore (BB)

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6	0	4	J	J	T

Reg. Diat. No ....

PUC

# CERTIFICATE OF DEATH

139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	State Maryland County			
City or town State Sanatorium Mary land (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? Since 5/28/45	City or town Baltimore (If outside city or town limits, write RURAL and give n	earest town)		
Hospital Institution, or street address where death occurred:	Streef No. 1752 Bank St.			
Maryland Tuberculosis Sama torium	(If rural, give LOCATION)	/		
How long in hospifal or institution? Since 5/28/45	2.(a) If veferan, name war			
3. (a) FULL NAME	3. (b) Social Security			
Raymond J. Fuchsluger	218-05-94	.33		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Divorced	20. DATE OF DEATHMay30	at 1:30AM		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended de	ceased from		
B.(O) Name of Husbanu of Wife	May 28 19 45 16 May 3	<u>U</u> 194.2.		
7. Birth date of Fab 30 1021	and that I last saw h. im alive on May 30	1945.		
deceased (mo., day, yr.) Pedo 17, 1721	Immediate cause of death	DURATION		
8. AGE: Years   Months   Days   If less than one day	Pulmonary Tuberculosis	45 Yrs.		
24 3 11min.				
9. Birthplace. Bal ti more, Md. (Town, county, and state)	X6XX			
	Tub erculous Enteritis	3 Mos.		
10. Usual occupation Machinist	TONESE			
11. Industry or business	Tub erculous Laryngitis	3 Mos.		
F 12 Name Conrad Fuchsluger	Diper conditions			
12. Name Bal ti mor e, Md.				
13. Birthplace Dat. CI Hot C. Mar.	(Include pregnancy within 8 months of death)			
置 14. Malden name. Mary Kutsner	Major findings of operations	]		
15. 8 orthologe Baltimore, Md.	Bafe of op.			
14. Malden name. Mary Kutsner 15. Birthplace Baltimore, Md. 16. Informant Mary Mack (Mother)	A-to-s- months	***********		
I U. (qiui mant	PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.		
Address 1752 Bank St., Bal to., Md.	22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Bate thereof (month) (day) (year)	Basidest suicide or homicide			
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did latery coors?			
Cemetery or oremetery	Where did injury occur?(City or town) (County)	(State)		
Location Deltemore, Md.	Injurior at home, taking the same of the s	******************************		
18. Funeral director George Weber	Means of Injury Injured at work?			
Address 2503 Edmondson Ave. Balto. Md.	J. D. Ly			
C/30/46 /04/1/2		D. or Kithek		
19. (Date rec'd by registrar) Registrar	Address State Sanatorium, Md. Date signe	15/30/45		

RECEIVED JUN 4 1945

BUREAU V.A

MARGIN RESERVED FOR BINDING

VS A15

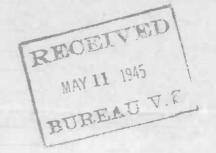
# MARYLAND STATE DEPARTMENT OF HEALTH

# 04995

Reg. Dist. No.

# 2411 N. Charles St., Baltimore (170-C) CERTIFICATE OF DEATH

1. PLACE OF DEATH /	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. Wil dansely	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State M. A. County Judensh
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred.	
Fluderick City Hospild	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kay Wilford Dece	Mue
4. Sex Scior or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white single	20. DATE DF DEATH Way 9 19. X.5 21 230.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the data above states; that I attended deceased from
	dead 19 to 19
7. Birth date of 0 0 / 2 - / 6 2 /	and that I last saw h. L. T. Thye on 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death
/3 9 3 6hrsmin.	memococeus 3da
70	mening y
9. Birthplace(Town, county, and state)	Due to
10. Usual occupation.	E-00 th 6-01-1
	Due to Oder
11. Industry or business	The table
12. Hame . M. M. M. Marker	Differ conditions afcident was standing in rear
Zi 13. Birthplace	of a truck which collided with another truck at (Include pregnancy within 3 months of death) Ridgiville Fred . Ca.
14. Malden name	Major findings of operations. md on 4-25-45
15. Birthplace 2ng	at 8:15A.M.
16. Informani Worthington Camstung	Antopsy results
Address Mourona Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Q	22. VIOLENCE: if death was due to external causes, till in the tollowing;
(Burial, crematica, or removal. Which?)  Bate thereof. (month) (day) (year)	Accident, suicide, or homicide. Accident Bate of T. Date of T.
Cemetery or remetery Marring Chapel	Where did Injury occur? (City or town) (County) (State)
Location Plane no 4- Ired Klo. M.d.	Injured at home, farm, Industry, public place (where?)
WE Zo	Mesns of Injury fellt Shorts heathured at work? W
18. Funsral director	DEPLY BASE
Address New Market Mg	23. SIGNATURE MM Sau Sau LAAMA
10 9 May 1945 Phialeto & Hack	M. D. or other
(Date rec'd by registrar) Registrar	Address Lacute Date signed 3.7.45



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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leg.	Di	at.	No		<i>!</i>		, , , , , , ,	

CER	TIFI	CAT	E OF	DEA	TI
		CAI			

1. PLACE OF DEATH: County Frederick City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 15 years Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City or town (If outside city or town limits, write RURAL and give nearest town)  West Main  (If rural, give LOCATION)
New long in hospital or institution?	2.(a) If veteran, name war NO
3.(a) FULL NAME  Vernon Franklin Hetterly.	3. (b) Social Security Number 213-01-6299
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE DF DEATH. May 16, 1945 II:30 P:
S.(b) Name of husband or wife. Lela Hetterly  7. Birth data of deceased (mo., day, yr.)  S.(c) If alive, give age. years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  18. to Mary 1. 6. 19. 45.  and that I last saw holds
8. AGE: Years Months Days It less than one day 63 4 6	Immediate cause of death Duration Duration
9. Birthplace Thurmont, Frederick Co., Md.  (Town, county, and state)  Carpenter.  10. Usual occupation With Contractor.  It. Industry or business With Contractor.	Due to
Thurmont, Md.	Dither conditions
14. Maiden name. Thurmont, Md.	Major findings of operatians.
tB. Informant. Harry Hetterly.  Address Thurmont, Md.  Thurial Date thereof. May 19, 1945  (Burial, cremation, or removal. Which?) (month) (day) (year)  Cemetery or crematory. United Brethern  Location Thurmont, Md.	Autopsy results
M I Charren & Son	Means of Injury Injured at work?
18. Funeral director.  Address Thurstont, Md.  19. May /8 19.44 Quantam Property Registrar  Per Requirer  Registrar	23. SIGNATURE August Jan. M. D. or other Address. Date signed.

BELATH TO DO STRAND THAT GRADIENI

HET ACET THE REPARENCE PLANTS

MAY ZE 1948 TIBEAU V.B. MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/6)

# 767

04997

# CERTIFICATE OF DEATH

eg. Dist. No. 13 [

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infanta give residence of mother)
County Transfer of the	The state of
(If outside city or town limits, write RURAL and give nearest town)	State County County
	(If outside city or town limits, write RURAL and give nearest town)
Row long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
monterne - Runal	Street No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
00 f - n 21.1	Edebrand none
4. Sex   5. Color or face   6.(a)Single, married, widdwed, or dworsed	
7 0.0	MEDICAL CERTIFICATION
J. Single	2D. DATE OF DEATH MAN 19.4.5 at 7. A. M
	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
6.(b) Name of husband or wife	May 1 1941, 10 May 10 19045
7. Birth date of deceased (mo., day, yr.) Dec. 14. 1883	and that I land saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
	Concluse Exhaution
6/4/27 hrs. min.	Jun
9. Birthplace. Fracerick Co. 24d.	Due to Chrolin Vascular Menal
(Town, county, and state)	Buren
1D. Usual occupation	
A had a barrier or burbane	Due to
11. Industry or business	
12. Name Joseph LO Heldebrand  13. Birtherace Lyan land	Other conditions 7. 1991
\$ 13. Birthatace Zyanyland	
14. Maidea name June	(Include pregnancy within 3 months of death)
14. Maiden name August 15. Birthplace Maryland	Major findings of operations
\$ 15. Birthplace Maryland	Dafa of op.
16. Informant Cavid J. Hildebrand	Autopsy results
201 / 1 70.1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mordaboro Mar.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removed, Whichi)	Accident, suicide, or homicide
(Burial, cremetion, or removal, Which?) (month) (day) (year)	
Cemefery or o <del>vernatory.</del>	Where did injury occur?
Leville Illoodsboro red.	Injured at home, farm, Industry, public place (where?)
D 10 21 T	Means of injury injured at work?
18. Funeral director acres of the factor of	mount of many miles of more
Address Woodsborer 24d	719. 40.20
CO A LO	23. SIGNATURE / Laurence oraning mu
18 11-May 18 45 Elizabeth 9. Heck.	7 12 al 2 2 2 2 1 5 10 -45
(Date rec'd by registrar) Registrar	Address Date signed

# THE TAXES WALKED A DO

MAY 14 1945

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57)

# CERTIFICATE OF DEATH

Reg. Dist. No.

					108, 2100, 1101,	100000000000000000000000000000000000000
1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		711707	***************************************	Stale Maryland County Frederick		
Cily or town Frederick-Rural (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  30 Hour's			L and give nearest town)	Frederick		300000000000000000000000000000000000000
			<b>~</b>	(if ontside city or town limit	s, write RURAL and give neares	t town)
Hospital, Institution, or	street address where Cy Hosp:			Sireel No. 127 EasthSixt	hzStreett	************
	na	Houra	······································	(If rural, give None	LOCATION)	
How long in hospital or	Montanion i			2.(a) If veleran, name war.	***************************************	
3. (a) FULL NAME		JEAN HI	MES		3. (b) Social Security Nu None	mber
4. Sex	5. Color or race	6.(a)Single, mer	rice, widowed, or diversed	MEDICAL CI	ERTIFICATION	
F	W	S		20. DATE DF DEATH May 1s	st45	94
	1					
6.(b) Name of husband	or wife		***************************************	21. I CERTIFY that death occurred on the date about 30 18.		
			live, give ageyears	and that I last saw h	01 41110	445
7. Birth date of deceased (mo., day, y	April	30, 194	5			DURATION
8. AGE: Years	Months	Days if	less than one day	Immediate cause of death	anti	DUNATION
		1	hrsmln.	6 mont		
a automo Nr.	Freder	ck-Fred	erick-Maryla	nd		/o o o o o o o o o o o o o o o o o o o
9. Birthplace	(Town	county, and state)	<u> </u>	T we tu		.00000000000000000000000000000000000000
10. Usual occupation	Infai	nt		Ba-l-a		/*************************************
11. Industry or business				Due 10	•••	3 * * * * * * * * * * * * * * * * * * *
E 12 Name Pa	ul E. H:	imes, Jr	•	Dither conditions		1.0000000000000000000000000000000000000
12. Hame	Pennaic	c County	Maryland			
				(Incinde pregnancy within 3 a	months of death)	
14. Maiden name	Prodoni	ole Count	- Manuland	Major findings of operations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
≥ 15. Birthplace	rrederr.	ok Count	y warytanu		Dats of op	
16. Informant. Pa	ul E. H.	lmes, Jr	e Mercer y Maryland	Antopsy results		
Address 427	E. Sixtl		rederick, Md.	PHYSICIAN: Please underline the cause to wi		noticany.
" Burial	42-4	Date thereof	5/2/45 (month) (day) (year)	22. VIOLENCE: If death was due to external cau		
(Burial, cremation	or removel, Which	Solr Mama	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremeter	7		***************************************	Where did injury occur?(City or town)	(County) (S	State)
Location		ick, Mar	***************************************	Injured at home, farm, industry, public place (w	here?)	
18. Funeral director	M. R. I	Etchison	and Son	Means of Injury	Injured at work?	
to. Funeral director	Freder	ck. Mer	vland	h	71-1/1	3 5
		00 0	0	23. SIGNATURE TOUTEN	M. D. or	. D.
19. 2 - May	19.4.5	Eliza	bille J. Heck.	Address Frederick, Ma		
(Date rec'd by reg	strar)		Registrar	Address TIOUCTION, MIS	LI Y Lattu Date signed . O.	-1-40

BITAND TO TATHTHAN STATE GRATISH IN

RECEAUT.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of Maryland Cou City or town Gambrills (If outside city or town limits Street No. (If rural, give 2.(a) If veteran, name war.	Howard  write RURAL and give near  LOCATION)  3. (b) Social Security N	V
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	None	
Female	White	Married	20. DATE OF DEATH MAY 30		9:40A
8.(b) Name of husband XXXX Aaron Bradley Hobbs  8.(c) If allve, give age years  7. Sirth date of deceased (mo., day, yr.)  June 9, 1914			21. I CERTIFY that death occurred on the date abo April 11 19.  and that I last saw h. er allve on May	ovo stated; that I attended deceas 45, to May 30 30	19. 45.
8. AGE: Years	Months	Days If less than one day 21hrs.	Immediate cause of death.  Pulmonary Tubercu	losis	5 Mos.
10. Usual occupation	Housewif	nty , Tenn .	Due to		
15. Birthplace	Line She	ckles	Major findings of operations.  Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to wh	Date of op	
.17		109760	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County) here?) Injured at work? M. D. og	(State)

MARKADO TRACTOR DE MARKO

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JUN 4 1945
BURBAU T.E.



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

(509B)
Reg. Dist. No. 98

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Trecleres	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	O'ELE
	(If outside city or town limits, write RURAL and give nearest town)
How long in shove pisce of desth?	
Hospitat, Institution, or street address where death occurred:	Sireet No. Corecile, 24d
	(If rural, givo LOCATION)
How long in hospitat or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
to have a S House	e Sr. none
Enaites 5.77 oct	
4. Sex 5. Color or race 6.(a) Single, married, widewad, or stranged	MEDICAL CERTIFICATION
male white married	20, DATE OF DEATH 1 ay 10 1945 21 10 P. M
7	
8.(b) Name of husband or wife larguage arounced	21. I CERTIEY that desih occurred on the date above stated; that I attended deceased from
House 6.(c) It slive, give age 6 6 years	Capacity 19 7 10 10 10 19 95
7. Birth date of	and that least saw h Annualive on 194
Beergast (ma, an); you	Immediate cause of death
8. AGE: Years Months Days It less than one day	13
72 0 28hrsmin.	Cerebel Harm onlare 10 days
. Bloom MT. Pleasant, Fuclainly Med	Due I o.
9. Birthplace (Town, county, and state)	Due 10
10. Usual occupation Farmer & Line Storle	
0. 1	Due 10. Afternation of Characteristics
11. industry or business	
E 12. Hame	Other conditions Aga, Landila
12. Hame Jame Henry 13. Birtholaco Frederich Go md	
El Colore Bra	(Include pregnancy within 3 months of death)
吉 14. Malden name	Major findings of operations. March
\$ 15. Birthplace Fredericker, Med.	Date of op.
Am Charles & Hands AD	Autopsy results
16, Informani	PHYSICIAN: Please underline the cause te which death should be charged statistically.
Address I tredering ma.	22. VIOLENCE: If death was due to externat causes, till in the following:
17 Berrial Daje thereot 5/13/45-	
(Burial, cremation, or removal, Which ?)	Accident, suicide, or homicide
Cemetery or cremetory M.F. Cleur	Where did injury occur?
1 - clesite med	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director Harry C. Garly Coo.	Means of injury Injured at work?
I 0-1 . 10 mil	allen hox
Address Judguego, 144.	23. SIGNATURE A MAISTA CLASSE M. J.
19. 12 may 1945 Elisabeth of Heck.	M/D, or other
(Date rec'd by registrar) Registrar	Address Date signed 11/4

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RECENT THE MAY 15 1945 BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. State Sanatorium, Mary land	State Mary land County  City or town Bal timore  (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? Since 4/4/45	(If outside city or town limits, writs RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium	Street No. 2200 Annapolis Rd. (If rural, give LOCATION)		
How long to hospital or institution? Since 4/4/45	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Hilda M. Hynes			
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE DF DEATH May 19 1945 21 7:05PM		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from April 4		
7. Birth date of Anni 1 3 1028	and that I tast saw her alive on May 19		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years   Months   Days   It less than one day   17   1   16	Pulmonary Tuberculosis 15 Mos.		
9. Birthplace Bal ti more, Mary land (Town, county, and state)	Due to		
10. Usual occupation. None	Due to		
11. Industry or business			
E 12. Name Edgar Hynes	Dther conditions		
13. Birthplace Baltimore, Md.	(Iuclude pregnancy withiu 3 mouths of death)		
14. Malden name Winona Seymoure	Major findings of operations.		
\$ 15. Birthplace Baltimore, Md.	Date of op.		
14. Malden name Winona Seymoure 15. Birthplace Baltimore, Md.  18. Informant Edgar Hynes (Father)	Autopsy results		
Address 2200 Annapolis Rd., Balto., Md.	22. VIOLENCE: tf death was due to external causes, till in the tollowing:		
17 (Burial, cremminon, or removal, Whiehr)  Date thereof (mongh) (dis) (year)	Accident, suicide, or homicide		
	Where did injury occur? (City or town) (Connty) (State)		
Cemetery or crematory	Injured at home, tarm, industry, public place (where?)		
Location	Means of injury Injured at work?		
18. Funeral director. M.A. Delague Foru	119		
Address Thurwell It Mil	23 SIGNATURE CE V CASTAL		
Stales 1/6/Ma	M. D. & MORTA		
(Date rock by registrar)  (Date rock by registrar)  Registrar	AddressState Sana to him, Md. Date signed 5/21/45		

BUREAU PARISATIVE

12/01/2

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

# CERTIFICATE OF DEATH

05002

	No. 134
Reg. Dist.	No/

City or town	Frederick Emmitsburg If outside city or town H lace of death? , or street address where	mits, write R years death occurred	••••••	City or town		
		***************************************	***************************************	2.(a) If veteran, name war		
3. (a) FULL NA	ME			3. (b) Social Security Number		
	Margaret	Henri	etta Kelly e, married, widowed, or divorced	none		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	10	
Fm	White	ma	rried	20. DATE OF DEATH. May 23 19 5 21 //	P	
S (b) Name of bushs	od or wife Frank	Kell	<b>y</b>	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
			e) If alive, give age 69 years	1926 19 to May 23 195	75	
i. pirtii date oi				and that I last saw h. en laive on May 123 193	75	
deceased (mo., da	ay, yr.) Sept	.21,1	878 I If less than one day	Immediate cause ol death OURAT	TION	
0	66 8	9		Immediate cause of death Cardiac Deconfustion / ma	ř	
		D .	hrs. min.		-00020004000	
9. BirthplaceAC	tams Count	county, and s	nna .	Due to Chronie myscusdetis sever year	us.	
10 Havel committee			·······	Due to arricular fibbulation severally		
		• milmedice + deuf + + p g + p + + +	***************************************	Due to Willes Germany	ass	
11. Industry or busin		inaa				
		()()		Other conditions	*********	
	Adams Co			(Include pregnancy within 3 months of death)		
14. Maiden nar 15. Birthplace	ne Henri	etta	Felix	Major findings of operations.		
15. Birthplace	Adam	s Co.	Penna			
16. Informant	3 emand	n. 18-	elly	Antopsy results.		
			(/	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	Emmitsburg	, ,		22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Buris	ion, or removal, Which?)	Oate there	of May 26, 194 (month) (day) (year)	Accident, suicide, or homicide		
			Catholic	Where did injury occur?		
1 1 2 1 1 1 1 1 1 1 1 1 1 1				(City or town) (County) (State)		
	1	100	Md	Means of injury Injured at work?	*********	
18. Funeral director		LLASI	san	1 - 0		
Address	Emmitsbur	g, Md	. •	23. SIGNATURE N-R. Cadle M. D		
Tues	35	٦	1. 2.10.00	M. D. or other		
(Date rec'd by	2.5 19.4.5 registrar)	la	Registrar	Address much totarg Ind Date signed 5-24-	43	

HEPSAME BOURD AND THE ORIGINAL OF THE ORIGINAL ORIGINAL OF THE ORIGINAL OF THE ORIGINAL OF THE ORIGINAL OF THE

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BURBAU V.B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 05003

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEA	Fred	derick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)			
Frederick				state Maryland Cou			
(If outside city or town limits, write RURAL and give nearest town)					•		
				City or teme. Frederick (If ontside city or town limits	s, write RURAL uud give near	rest town)	
Hospital, Institution, or	street address where	death occurred	•	Street No. 216 East Fift			
	rederick	City Ho		(If rural, give	LOCATION)		
How long in hospital or			1 day	2.(a) If veteran, name war. None	2.(a) If veteran, name war		
3. (a) FULL NAMI	Jo	how Fr	idwig Kern. J	21	3. (b) Social Security I	Vumber	
	Infan	t Boy I	Kern		None		
4. Sex	5. Color or race	-	a, married, widowed, or divorced.	MEDICAL CI	ERTIFICATION		
Male	White	Si	ngle	20. DATE OF DEATH May 15t	h. 15	.12:55Pam	
8.(6) Name of husband	or wife	••••••	***************************************	21. I CERTIFY that death occurred on the date abo			
***************************************		6.(0	e) If alive, give ageyears	May 15 18		19	
7. Birth date of deceased (mo., day, y		14-19		and that I last saw h	J. J. J. J. W. T. J.	19	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	<i>C</i>	DURATION	
0	0	1		ateleclan	of Tunes	12hr	
	rederick	County	Md.			······································	
9. Birthplace		county, uud s		Due to		*******************	
1D. Usual occupation	6					000000000000000000000000000000000000000	
11. Industry or business	V			Due to	***************************************	0	
		Kern					
12. Name	Frederic	k Co.	Md.	Dther conditions	***************************************	••••••••	
	Cathon			(Include pregnancy within 8 a	months of death)		
14. Malden name 15. Birthplace	***************************************		***************************************	Major findings of operations			
15. Birthplace	Freder	ick Co	• Md •				
18. Interment C	narles C.	Titlo	W	Autopsy results.			
io. intolinant		***************************************	rederick, Md.	PHYSICIAN: Please underline the cause to w			
	LO He Julie			22. VIOLENCE: If death was due to external cau	uses, fill in the following;		
Burial	or removal, Wingal)	Date there	may 16-1945 (month) (day) (year)	Accident, suicide, or homicide	Date of	,	
	Mount			Where did injury occur?(City or town)			
Cemetery or community Mount Olivet Cemetery  Frederick, Md.							
Location	******************************		***************************************	Injured at home, farm, Industry, public place (w	Injured et work?		
18. Funeral director							
Address	Freder	ick, M	d.	23. SIGNATURE 77 Laure	ne Taleny	, 200	
19. 16 Man	19 Y 3 7	13	habelle & Hech.	Address Frederich ?	not tale signed	rother	



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and regibly.

# VS A15

PLEASE WRITE

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 1316

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CER'	CIFI	CAT	CE (	OF	DEA	TH
CHIL				//	2/14/	

CERTIFICA	AIE OF DEAIN Reg. Dist. No.
1. PLACE OF DEATH:  County Frederick  City or lawn	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Frederick  County Frederick  Tuscarora  (If outside city or town limits, write RURAL and give nearest town)  Street No. Near Licksville  (If rural, give LOCATION)  2.(a) If veteran, name war. None
3.(a) FULL NAME  CLARENCE HAYES LAMAR	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Simple married, widowed, or divorced M	MEDICAL CERTIFICATION  2B. DATE OF DEATH
6.(b) Name of header or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4. 5. 10. 19. 4. 5. 1
65 0 14 hrs. m  9. Birthplace Licksville-Frederick-Maryland  (Town, county, and state)  10. Usual occupation Merchant  11. Industry or business Own Business	Due to.
12. Name John C. Lamar   12. Name John C. Lamar   13. Birthplace   Frederick County Maryland   14. Malden name   Hattie Hayes   15. Birthplace   Montgomery County Maryland   15. Birthplace   15. Birthplace	Other conditions
16. Interment Mrs. Viola R. Lamar  Address Tuscarora, Maryland	Autopsy results
Burial  (Burial, csemation, or removal, Which)  Cemetery or Frederick, Maryland  Location  M. R. Etchison and Son  Address  Frederick, Maryland  M. R. Etchison and Son	
19. 19 - Way 19.46 Elizabell J. Hech (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. M. D. or other Frederick, Maryland Date signed 5-19-45

MAY 22 1945
BUREAU V.E.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1276)

# CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Tredexick	State Md County Frederich		
(If outside city or town limits, write RURAL and give nearest town)	11.110.+		
How long to above place of death?	(If ontside city or town limits, write RURAL and give near	est town) (	
Hospilal, Institution, or street address where death occurred:	Street No	•••••	
Fredericle City Hospital	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war.		
3. (a) FULL NAME	3. (b) Social Security I	lumber	
Charles Frederick Main	no		
4. Sex 5. Color or race 6.(a) Single, marcled, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Wilowed	20. DATE DF DEATH	et /2:05 P M	
6.(b) Name of husband or wife Della Mai	21. I CERTIFY that death occurred on the date above stated; that I atlended decea	sed from	
T. Birth dale of	april 5 1043 10 May 2	19	
7. Birth dale of deceased (mo., day, yr.) Anne 29. 1869	end that I ast saw here alive on May 26	19	
deceased (mo., day, yr.) Auge 29. 1869  8. AGE: Years   Months   Bays   If less than one day	Immediate cause of death	2 Nay 5	
75 18 27nrs. min.	Pulmeray Idma	2 1224 3	
9. Birthplace Middletown Frederick lo. Mid.	Bue to Carpeac Favence &	*************************	
(Town, county, and state)	grenia	3 Nays	
10. Usual occupation Manufacturer (ce Gream)	Bue to Chaleyey see Clawy	12 Hays	
11. Industry or business			
12. Name F. Tobias Maine 13. Birtholace Middletona Mid.	Biher conditions Chuse My washin	***************************************	
2 13. Birthplace Middletown, Md.	(Include pregnancy within 3 months of death)		
14. Malden name Mary Auss Shafes  15. Birthplace Mildletown, Mid  16. Informant Rossel Main	Major findings of operations. Pare granes Fare	18 Man	
2 15. Birthplace Wildletown, Mid.		***************************************	
16. Informant Russel Main	Autopsy results.		
Address Middle Lavon Md.	PHYSICIAN: Please underline the cause to which death should be charged a	statistically.	
	22. VIOLENCE: If death was due to external causes, filt in the following:		
(Burial, cremetion, or remeval. Waited?)  Bate thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or exemptory The Luther an lem tering	Where did injury occur?		
Location Wildle town, Dad	Injured at home, farm, Industry, public place (where?)	0.0000000000000000000000000000000000000	
18. Funeral director Ola dhill Co	Means of Injury Injured at work?		
Address Middletown, Mid.	(a) Davil.		
10 27- May 10 45 Elisabeth & Hech.	23. SIGNATURE M. D. o	rother	
19. 27 - Way 19.43 Elizabeth J. Hech. (Date rec'd by registrar)  Registrar	Address Address My Date signed	PSILA	

HANDS TO SPACETINES



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Enodoniak				state Maryland County Frederick			
(If outside sity or town limits write RHRAL and give parcent town)			RURAL and give nearest town)	Frederick		***************************************	
How long in above place of death? 22 Vrs.			***************************************	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: 227 East 5th. St.			d:	Street No. 227 East 5th. St.			
	cer East 7	11. 30	•	(If rural, giv	(If rural, give LOCATION)		
How long in hospital or institution?				2.(a) If veteran, name war. None			
3. (a) FULL NA					3. (b) Social Security !	Vumber	
	CH	ARLES	JOSEPH MASK		214-10	-3404	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or diverced	MEDICAL C	ERTIFICATION		
Male	White	Ma	rried	20. DATE OF DEATH May	Slst. 18 45	7:35P. M	
6.(b) Name of husban	Mary Mary	Hout	man Mask	21. I CERLIFY that death occurred on the date a	bove stated; that I ettended decea	sed from	
			c) If alive, give age 66 years	February 15	YT, io May	3/18 Y.C.	
7. Sirth date of				and that I last saw h. J. FAS. alive on	ley 27	19 45	
deceased (mo., day				Immediate capse of death		DURATION	
8. AGE: Yes	Months 7	Days 7	If less than one day	Vremia tern	119/2 01	+days	
		1/2				***************************************	
9. 9irthplace	Baltimore	connty, and	/Land	Due to Arterio - Sele	roxic	***************************************	
10. Usual occupation	Mou 7 de	7"	вые	Myocardia/d	egeneration	queges	
11. Industry or busine			eel Company	Due to		***************************************	
nd 1	Chamles M			Other conditions		••••••••••	
12. Name	Baltimo					*******	
				(Include pregnancy within 8	months of death)		
14. Malden name	, Julia F			Major findings of operations			
	Baltimo						
19 Informant Mr	s. Charles	J. Mas	sk	Autopsy results.	- ATT I STATE		
	ederick, Mo			PHYSICIAN: Please underline the cause to			
			June 4- 19/15	22. VIOLENCE: If death was due to external co			
	on, or removal. Which?)		eof June 4 - 1945 (month) (day) (year)	Accident, suicide, or homicide	Date of	************************	
Cemetery or comments St. Johns Cemetery				Where did injury occur?(City or town)	(Connty)	(State)	
location Frederick, Md.				Injured et home, farm, Industry, public place (	where?)		
18. Funeral director. C.E. Cline and Son				Means of Injury	Injured et work?		
Address	Frederi			-1.R.S	charles	- m./)	
a Q		CO	- 1 An O. 11 . 1.	23. SIGNATURE	M. D. o	rother	
19. Date ree'd by	19.45.		gabelle J. Hell.	Idense Frederick	C MIC Data slowed	6/2/11	

RECEIVED

JUN 7 1945

BUERAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Ch

arles	St.,	Baltimore	(122-0)
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# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Frederick			***************************************	State Maryland County Frederick		
City of least 11 contains a few or town limits write RIFRAL and give possest town			URAL and give nearest town)	Frederick		
Now long in above place of death? Z Year's			***************************************	(If ontside city or town limits, write RURAL and give nearest town)		
Nospital, institution, or	sireet address where the Market	Street	4	Street No. 708 North Market Street		
100 MOT 0	II Markou	DOT GO	7.0	(If rural, giv	e LOCATION)	
Now long in hospital or	Institution?		***************************************	2.(a) It veteran, name war		••••••
3. (a) FULL NAM	E				3. (b) Social Security	Number
	FLORENCE	E MAUC	HT		None	
4. Sex	5. Color or race 6.(a) Single, married, wildowed, or diversed		married, widowed, or diversal	MEDICAL C	ERTIFICATION	
F	W.		W	Morr 16th 45 1		.11:40Pm
	John	n Maug	rht	20. DATE OF DEATH		
6,(b) Name of husband	OP-WITE		<u></u>	FN 4 19		
7. Birth date of			it alive, give ageyears	and that I last saw h 200 alive on		
deceased (mo., day, )	r.) Decemb	per 4,	, 1856			DURATION
8. AGE: Years	Mooths	Days	It less than one day	Immediate Pauce of death.	7	. 10
8	8 5	12	hrsmin.		N.A.	
9. Birihplace. Fr	ederick (	County	Maryland	Due to Myo caracofy	arlur	Ink
	At Hor	county, and st	cate)			
10. Usual occupation	AC HOI	II.A		Due to Sendery & My	olnulation	6720
11. Industry or business	3					
質 12. Name E	zra S. Ho	orine		alanced ?	hema.	8410
12. NameE	Frederic	c Cour	ty Maryland	Other conditions	······································	
	Eliza Ho	11198		(Include pregnancy within 3	months of death)	**-].
14. Maiden name	Fredomia	- 0-11	nty Maryland	Major findings of operations		
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16 Informant Mr. Baxter T. Horine			rine	Autopsy results		
Address Burkittsville, Maryland				PHYSICIAN: Please naderline the cause to v		
	٦		5/19/45	22. VIOLENCE: It death was due to external ca		
Burial Solution or some Whiteh?  Bate thereot 5/19/45 (month) (day) (year)			Accident, suicide, or homicide	Date ot		
Cemetery or Cemetery Union Cemetery			Where did injury occur?(City or town)		(Stata)	
Location Burkittsville, Maryland				Injured at home, farm, industry, public place (where?)		
W R Etchison and Con				Means of Injury	injured, at work?	
18. Funeral director			***************************************	04	1	
Address Frederick, Maryland				23. SIGNATURE	Drice	€ M. D.
19. 19 May 19.45 Elizabeth 4. Hers. (Date rec'd by registrar)				Jefferson Ms	rvland.	or other 5-18-45
(Date rec'd by reg	(Strar)		Registrar	Address	Date signed	

### THE PROPERTY OF THE PROPERTY OF THE PARTY OF

BILLEY LONG VLYBURS

DRESCHOLLER.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

05008

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COURTY	state Maryland county Washing to n
Cliy or town State Sana to ri um Mary land (If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)  105 E. Washing ton St.
Mary land Tuberculosis Same torium	Sireet No. 100 E. Washing to II.
How long in hospital or institution? Since 5/12/43	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Frank R. Moore	214-09-5299
4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Single	
mate mile bringe	20. DATE OF DEATH MAY 10 19.45 et 3. A M
6.(b) Name of husband or wife	1942 10 10 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19
	and that I last saw h im alive on May 10 19.45
deceased (mo., day, yr.) Feb. 8, 1895	Immediate cause of death
8. AGE: Years Months Days if less than one day	Pulmonary Tuberculosis 51 Yrs.
50 3 2hrs. min	
9. Birthplace Hagerstown, Mary land (Town, county, and state)	. Due to.
Shoe Machine Operator	
10, 00001 00000000000000000000000000000	Due to
11. Industry or business	-
12 Name William Moore 13 Birthplace Carlyle, Pa.	Other conditions
	(Include pregnancy within 8 months of death)
算 14. Malden name Elizabeth Miller	Major findings of operations
14. Maiden name Elizabeth Miller 15. Birthplace Carlyle, Pa.	Date of op.
Deceased	Antiposy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causee, fill in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
12 1 16 (14T) AMI COMMING	Where did injury occur?
Cemetery or crematory	
Location Augustinus VIII	
18. Funeral director. Aft Offman	Means of Injury Injured et work?
Addrese Newsglows Rand	W. h. Near
That Ish Ish	23. SIGNATURE M. D. OKOTOKX
(Date red by registrar)  (Date red by registrar)  (Date red by registrar)	Address State Same torium, Md. Bate signed 5/10/45

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MAY 12 1945

BUREAU V.S.

16:

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



05009

			CERTIFICA	TE OF DEATH  Reg. Dist. No
1. PLACE OF DEA	onrovia			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  County  County
How long in above place Hospital, institution, or	of death?	L IIIOII (	•• 8•• •• •• •• •• •• •• •• •• •• •• ••	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No
How long in hospital or	Institution?	••••••	••••••••••••	2.(a) If veleran, name war
3. (a) FULL NAME		CEAN	Y ELLEN MURPH	Y 3. (b) Social Security Number
4. Sex Female	5. Color or race White		married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH 72 30 19.45, at 5 a m
5.(b) Name of husband a dede	ased		Murphy If elive, give ageyear 1850	21. I CERTIFY that death occurred on the gate above stated; that I oftended deceased from
8. AGE: Years 94		Days 22	If less than one day	Immediate cause of death, DURATION 3
1D. Usual occupation	t.t.hew Mo	e		Due to 94 y 3
12. Name	Mary Eli	arylar	ıd	Cther conditions (Include pregnancy within 3 months of death)
14. Maiden name	Thomas I	arylar	nd	Major findings of operations
Address Burial (Burial, eromotics,	er removel Which?) Pine	Date theres	6-2-45 (month) (day) (year)	PHYSICIAN: Please underline the caose to which death shoold he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or eremator Location Mt.	Airy, Ca	rroll	Co. Md.	Where did injury occur?
18. Funeral director Address		M. Wal	eld, Md.	Means of Injury Injured at work?  23. SIGNATURE C. M. Bur Tosee
19, May 5	1945 L	ucian	K. Falcoren	M. D. or other

JUN 5 1945
BURBAU V.S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (47-d)

05010	
05010	31

		CERTIFICA'	TE OF DEATH		Reg.	Diat. No	131
1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (H  (For newborn infants give  State Maryland  City or tame (If outside city or 204, S. (  2.(a) If veteran, name war	cick or town limits	mother)  Tre(  write RURA  St.  LOCATION)	derick	rest town)
3. (a) FULL NAME	DAVID A.	MYERS			3. (b) Soo Not	cial Security 1 108	Number
Male Sex 5. Color of Wh		rie, ma <del>rried, widewed, er diverced-</del> Ingle		May 31	st.	19.45	11:30A
8.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)	? ? -189	(c) It alive, give ageyeard	21. I CERTIFY that death occurred to 5-21-45-20 and that I last saw h	m-to	31-45	National decea	sed from  19  DURATION
54	? Pays ? ? ore County (Town, county, and	ifless than one day hrs. min. Maryland atate)	Due to Sensor	elmon jed la	renj bi veino	dens motes	14 ha
11. Industry or business  12. Name	taurant Co		Other conditions Ra.  Major findings of operations.	of this	man f	m 9 //2 / m 3 : m 4 in y	e forting
17. Burial (Burial, cramatice, or remove Cemetery or crematury. M Location F  18. Funeral director C.E.	ck, Md.  Date the count Oliver rederick, Mcline and Serick, Md.	ld.∙	Autopsy results	to external cau	ses, fill in the (Co	old be charged following; Date of	statistically.

HUMAN TANKERASECUTATE CRANTALA

JUN 6 1945 BURBAU V.S. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No....

05011

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	7 0 1 0 1
(If outside city or town limits, write RURAL and give nearest town)	£ 0
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 236 Eart 345t
236 Est 3731	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Elmer Roy Mus	g room
4. Sex 5. Color or race 6.(a) Single, married, will fowed, or divorced	MEDICAL CERTIFICATION
male white married.	20. DATE DE DEATH MAN 11 1945 at 5.55 M
6.(b) Name of buogast or wife Clara Smith Muss	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	June 1 134 to may 11 1946
7. Birth date of	and that I last saw h. As alive on Many 150 18 17
deceased (mo., day, yr.) face 23, 1881	Immediate cause of death.
8. AGE: Years Months Days It less than one day	Cerebal Himerhay 1 Day
63 3 18nin.	
9. Birthplace Jucker Ju	Due to Type terrain 10 year
for 7 Brick and	
1D. Usual occupation.	Due to
11. Industry or business 6 on hading	
Edu L Marke	Dither conditions
12. Hame Edward Market 13. Birthplace Frederick, Oud	
14. Maiden name Clave Ting A Bornet  15. Birthplace Fredrick Car. 2015	(Include pregnancy within 3 months of death)
15. Birthplace Freduite Cer. neld	Major findings of operations.
Roll & n.	Date of op.
16, Informant	Autopsy results
Address Fredering, made	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial cremetion or removed Which Date thereof (Month) (day) (year)	
(Burial, cremation, or removal, Which's)  (Burial, cremation, or removal, Which's)  (phonth) (day) (year)	
Cemetery or commonly	Where did Injury occur?
Location Judents, md	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Harry & Casto Can	Means of Injury Injured at work?
7 01. 0 0-11	710 70
Address Fredlend Ma	23. SIGNATURE It - accurrence taking me
19. 2 Mars 1945 Chalette Hech. (Date rec'd by registrar) Registrar	Address Frederich mol Date signed 5-11-43
7	

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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134)

### CERTIFICATE OF DEATH

HA HOUAL DESIDENCE (HOME) OF DECEASED:

0501239

1. PLACE OF DEATH:			(For newborn infants give residence of mother)	
County Frederick			State Mary land County	00000001004
(If ontside city or town limits, write RURAL and give nearest town)			City or town Beltimore (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?			Street No. 2824 Montebel la Terrace	*******
Maryland Tuberculosis Sanatorium			(If rural, give LOCATION)	/
How long in hospital or institution?	Since 8/	13/43	2.(a) If veteran, name war	
			3. (b) Social Security Number	
3. (a) FULL NAME	Carrier 5 (176		219-22-0759	
Catherine				
4. Sex 5. Color or	race 6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	199 2 E
Female Whi	te W	idow	20. DATE OF DEATH. May 24 19.45 at 21	8A.m
T Will Jale of	6.(	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Augus t. 13 19.43 to May 24 11 and that I last saw h.ex alive on May 24 11	9.44.2
deceased (mo., day, yr.)	une zo,	1902		RATION
8. AGE: Years   Month	,	If less than one day	Pulmonary tuberculosis 2	y mos
42 10	26	hrsmln.	· · · · · · · · · · · · · · · · · · ·	
9. Birthplace	imore M	ary land	Due to.	*************
1D. Usual occupation	sewing	***************************************	Due to	
11. Industry or business	4 - 1 - 1 - 1 - 1			
E 12. Neme Frede	rick Min	ch	Other conditions	
12. Neme Frede	ern Shore	Maryland	(Include pregnancy within 3 months of death)	
		11	Major findings of operations	
14. maidell flattic			Major findings of operations.	
2 15. Birthplace Geri	nany			
16. Informant Dece	eased		Autopsy results	ly
Address			22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Burial (Burial, cremation, or remove	Date the	reof5/.28 /4.5 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery XXXXXX Holy Redeemer			Where did injury occur?	
Bal ti more, Mary land			Injured at home, farm, Industry, public place (where?)	) (
18. Funeral director Cha:	rles E. S	ch umunlk	Means of Injury Injured agreement	77.11
	Madisor		23. SIGNATURE M. D. OK SONY	······································
19. 19. (Date for de l'arthur)	19	Registra	State Game to minim Md note street 5/2	

STACH TO THE DESIGNATION OF STATE OF ST

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### PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

05013

### CERTIFICATE OF DEATH

.....Date signed.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary God County Frale &
(If outside city or town limits, write RURAL and give nearest town)	Being
How long in above place of death? # 945	(If outside city or town limits write RURAL and give nearest town)
205 East Follow see	Street No. 205 East Plane St
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
Charles William Pl	3. (b) Social Security Number
4. Sex 5. Color or sece 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male blute	20. DATE DE DEATH 140431 1945 010 2
8.(b) Name of husband or wite addie Generally	21. I CERTIFY that death occurred on the date above stated: that I etterded deceased from
	FS/111 6 1944, 10 11495/ 1941
7. 8irth date ot deceased (mo., day, yr.) August 30 / 866	and that I last saw have alive on the gray 3 1
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediato causo of death
78 11 1hrsmin.	
11/1 1/1	
8. Birthplace	
10. Usual occupation California Sto RR and Ingle	
11. Industry or business	Due to
12. Name Milliain H. Plus	Other conditions
13. Birthplace / Ferses W 200	
H 14. Malden name Mary Jame Messo	(Include pregnancy within 3 months of death)
15. 8 Irthplace Mary had.	Major findings of operations
200 11 12.	Date of op.
18, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Carlele 1 a.	22. VIOLENCE: If death was due to external causes, till in the following;
(Burfal, cremation, or removal, Whichi)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 7117 Clare	Where did injury occur?
0.1.1	(City or town) (County) (State)
Location 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Means of Injury
18. Funeral director.	With 11
Address Summer Med.	23. SIGNATURE
10 June 2 - 19 45 Eurea martin-	M, D, or other
(Date rec'd by registrar)	Address Date signed 6/1/50 P

STANDARD STANDARD STANDARD

RECOVER DIV.

### WRITE PLAINLY, WITH LINFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 468

T15014

### CERTIFICATE OF DEATH

1. PLACE OF I	DEATH:			2. USUAL RESIDENCE (HOM (For newborn infants give reside	IE) OF DECEASED:	
City or tease. Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 25 Years			FA V P FA A W 7 7 7	State Maryland City or term Fredericl	r	***************************************
How long in above pi	ace of death? , or street address where	J L Cal		(If ontside city or tow	n ilmits, write RURAL and give nearest	town)
months institution	st Patric	death occurr	7M •	Street No. 411 East Pa		
			***************************************	·   (If rurs	ai, giva LOCATION)	
	d or Institution?	*******************	***************************************	2.(a) If veteran, name war		
3. (a) FULL NA		LES TH	OMAS RAGLAN		3. (b) Social Security Nu 214-10-5615	
4. Sex	5. Color or race	6.(a) Sing	le married, widowed, or diversed	MEDICA	L CERTIFICATION	
M	C		M		May 21st, 45 ,at	1:20A
8 (b) Name of hunter	Bes	ssie E	Bowie	21. I CERMFY that death occurred on the c	date above stated; that lettanded deceased	from
O.(O) Name of Re		6.	(c) If alive, give age 56 year		15th 1021	1.19.8.
7. Birth date of deceased (mo., da	v. vr.) Octobe	er 2,	1885		0	
8. AGE: Ye	ears   Months	Days 19	If less than one day	Immediate cause of death	Jeming .	15 lly
			hrsmi			
	Vorfolk, V		(1a state)	Due to Collman	James	with
10. Usual occupation	H. K. I	ergus	on Company	Due to		0
	nknown			Cul Promett	100	
12. Name		mown	***************************************	Other conditions		
					thin 8 months of death)	
15 Girthalass	T	Jnknow	m	A CONTRACTOR OF THE PARTY OF TH		
	s. Bessie				Date of op	***********************
10. IBIOTHIABI		***************	***************************************		e to which death should be charged state	
Address 34	S. Bentz	***	Frederick, Md.			Bucany.
17. Buri	ion, or removal. Which	Date the	5/23/45 (month) (day) (year)	The state of the s	Date of	•••••••
Cemetery or cham	Per C   J		metery	Where did injury occur?	town) (County) (S	tate)
	Freder	rick,	Maryland		lace (where?)	
Location			son and Son	Means of Injury	Injured et work?	
18. Funeral director			Maryland	The same of injury	THISTEN OF WORK	
Address		01	). N an Doll a	23. SIGNATURE	M. D. or o	D.
19. Date rec'd by	Ou 19YS	2	makelly 7. Hed	Frederick. 1	Maryland Bate signed 5-	22-45



### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 982 CERTIFICATE OF DEATH

05015 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Tre design	(For newborn infants give residence of mother)  State
City or town (If outside city or town lights, writs RURAL and give nearest town)	701
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 238 East Palink St
238 East Palinh S	(If rural, givs LOCATION)
How long in hospital or institution?	2.(a) If veteran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
Thelep leaguel	us deheel none
4. Sex 5. Color or raco S.A.) Single, married, widowed or divorced	MEDICAL CERTIFICATION
male while single	20. DATE OF DEATH 1122 20 19,45, 21 8 4 M
	20. DATE OF DEATH 19,750, at
6.(b) Namo ot husband or wife	21. I CENTIFY THAT DEATH OCCUPYED ON THO DATO ADDOVO STATED; THAT I attended deceased from
7. Birth date of	- 32 10 1
deceased (mo., day, yr.) Sefst 28, 1868	
8. AGE: Years Months Days If less than one day	Ol . Ch
76 7 21min.	Charle My Market The Thirty
9. Birthpiace Federal Frederite Md	Due to
(Town, county, and state)	
10. Usual occupation	Due to
11. industry or business they age & manling	
E 12. Name Sluly a Selection	Other conditions
13. Birthplace Saray Cary	(Include pregnancy within 3 months of death)
E 14. Maiden name Kallaring (ruhum)	Major findings of operations.
14. Maiden name Callery Culture 15. Birthpiace Vernage	Oate of op.
16. Informant Fanning Scheel	Autopsy results
Address Frederich ma	PHYSICIAN: Please underline the cause to which death should be charged statisticalty.
Autress 7 6 12/45	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, execution, or removal, Walen()	Accident, suicide, or homicide
Cemetery or crometers. But Oleuf	Where did injury occur?
From to mich	Injured at homo, farm, industry, public place (where?)
71 /5 /2 4/	Means of Injury Injured at work?
18. Funeral director Hamp & Carly co	TOTAL STREET
Address Tredepulp, mg.	BOBL
22 may 25 /81: 12th City 1.	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  Registrar	Address Francisco Mar Dato signed 5/32/45

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

(15016 7 Reg. Diat. No. / 38

The second secon	
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Cily or lown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	City or town (if outside city or town limits, write RURA) and give nearest town)
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
mas annie Flesby Scott	3. (b) Social Security Number
4. Sex 5. Color or race   b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widow	20. DATE OF DEATH May 8 1945 21/0.30 1/m
6.(b) Name of husband or wife walter & Scott  6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated: I hal I atlended deceased from  19.45, to
7. Birth date of deceased (mo., day, yr.) June 20 - 1876	and that I last saw had alive on May 8 19 45
8. AGE: Years Months Days It less than one day 18	Immediate cause of death better Wellites 4 yrs,
9. Birthplace Jlasgaw Scotland (Town, county, and state)	Due to
10. Usual occupation. House wife	Bue to
11. Industry or business	
12. Name arch Craig  13. Birthplace Glargew Scatland	Other conditions Large Complete
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
	Date of op.
16. Informani Caul C Welly	Autopsy results
Address New Market Wa	PHYSICIAN: Flease underline the cause to which death should he charged statistically.
Bate   hereof 5 - 11 - 1945 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
Gemelery or crematory Tul Sabor	Where did Injury occur? (City or town) (County) (State)
Location Rocky Ridge Ind	(City or town) (County) (State) Injured al home, farm, Industry, public place (where?)
18. Funeral director Willhide Ed Exager	Means of Injury Injured at work?
Address Therean oxlat	Ernest P. Rook her,
19 Mas 9 18 48 Lucian K Faller Registrar	23. SIGNATURE M. D. or other Address New Merket Md. Date signed May 8, 1945

MAY 10 1945
BUREAU V.S.

. The correct legibly.

1. PLACE OF DEATH:

3. (a) FULL NAME

4. Ses

Female

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

10. Usual occopation.

12. Name...... 13. Birthplace 12. Name.....

11. Industry or business

14. Malden name.

Burial (Burial, cremation, or removal, Which?)

(Date rec'd by registrar)

Cemetery or crematory

18. Funeral director

57.3

15. Birthplace

16. Informant.

Address

rrederick County

How long in above place of death? Since 1931

How long to hospital or institution?....

Florence Seaforth

6.(b) Name of husband or wife.....

Hospital, Institution, or street address where death occurred: St. Joseph's Central House

### information carefully. NFADING INK. Supply every item of nt. Physicians: please write the causes important. PLAINLY, vis especially

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4620

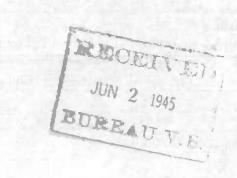
Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Frederick

### CERTIFICATE OF DEATH

Finmitsburg, Maryland	Slate Maryland County Frederick
Finmitsburg, Maryland (If ontside city or town limits, write RURAL and give nearest town) place of dealh? Since 1931	City or town (If outside city or town limits, write RURAL and give nearest town)
	(If outside city or town limits, write RURAL and give nearest town)
on, or street address where death occurred: Oseph's Central House	Street No.
tal or institution?	(If rural, give LOCATION)
AME	
ace Seaforth (Sister Perboyre)	3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
White Sister of Charity	20. DATE OF BEATH / May 31" 19 45 at 12: 700 TM
band or wife	21. I CERTIFY that death occurred on the dale above stated: that I attended deceased from
	rears and that I last saw here alive on may 26 19.45
March 1/ 1979	and that I last saw here alive on May 26 1946
Years   Months   Days   It less than one day	Immediate cause of death
67 2 16 hrs.	min. Larcinoma Radum 3 yrs
Pittsburg, Pennsylvania (Town, county, and state)	Dué to.
Sister of Charity	Due to.
siness Teaching or Hospital Work	
Augustine Seaforth	Other conditions Chronic Brown had ath 15-411
York, Pennsylvania	
Rebecca McConony	(Incinde pregnancy within 3 months of death)
Philadelphia, Pennsylvania	Major findings of operations.
Pister Rosa, Assistant	
***************************************	Autopsy results
St. Joseph's Central House	22. VIOLENCE: If death was due to external causes, fill in the following;
tal Date thereof June 2, 1945 (month) (day) (year)	Accident, suicide, or homicide
St. Joseph's (Private)	
ematory	Where did injury occur?
Emmitsburg, Maryland	Injured al home, farm, industry, public place (where?)
tor S. L. alleson	Means of Injury Injured at work?
Emmilihur Md.	23. SIGNATURE Marris a Brief MD
17 8	M. D. or other
by registrar) 1945 Uu J. Slangfe	trar Address Thurmout Md Date signed 5731/45
V	



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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٠,	Baltimore	95	a)	

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-	0	-	1
 Dis	No.	3	

					11-B1211 1101	******
1. PLACE OF DEA	Fred	erick		2. USUAL RESIDENCE (HOME) OF (For newbore infants give residence of a	F DECEASED:	
County	Fred	erick -	URAL and give nearest town)	State Maryland Coun		***************************************
How long in above place	of death?	65 vrs	• ORAL and give nearest town)	City or Frederick	, write RURAL and give nearest	
Hospital, Institution, or	street address where	death occurred	•	street No. 103 West Patr		town)
	Emergency	Hospit	al /	Streel No. (If rural, give		•••••
How long in hospital or	Institution?	1 week	***************************************	2.(a) If veteran, name war None		•••••
3. (a) FULL NAME	3				3. (b) Social Security Num	ber
	MAR	GARET	SNYDER		None	
4. Sex	5. Color or race	6.(a) Stright	, married, widowed, or disprece	MEDICAL CE	ERTIFICATION	
Female	White	Wi	dowed	20. DATE OF DEATH May 10t	h. 18 45 at 5	5:30a
6.(b) Name of husband	or S	amuel	Snyder	21. I CERTIFY that death occurred on the date about		
			e) If alive, give agevears	May 5 19.		
7. Birth date of			er 6-1862	and that I last saw halive on	ay 10	19. <b></b>
deceased (mo., day, y		Davs	If less than one day	Immediate cause of death		DURATION
8. AGE: Years				Olymin me	peccelete.	2
	8	5	hrsmln.		******	
9. Birthplace	Cumberland	Count	y- Pennsylvania	Due la		******
	(Town,	county, and e	tate)			***********
1D. Usual occupation	Houseke	eper		Due 10		
11. Industry or business						
單 12. Name L	ewis Kintz			Other conditions (Selected De	Ceroses	•
12. NameL	Baltimor	e. Md.			*****	
	Marga	_		(Include pregnancy within 3 m	onths of death)	
14. Malden name 15. Birthplace			Pennsylvania	Major fiediogs of operations		
	rs. Jacob			Actorsy results.	Date ot op	
10. Interment	03 W. Patr		reet.	PHYSICIAN: Please underline the cause to whi		tically.
Burial	9 110 1 401			22. VIOLENCE: If death was due to external caus	es, fill in the tollowing:	
17(Burial, eramation,	White	Dale there	May 13-1945 (month) (day) (year)	Accident, suicide, or homicide	Date of	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mount	Olivet	Cemetery	Where did injury occur?(City or town)		
Cemetery or cremator						ite)
Location		······	aryland	Injured at home, farm, industry, public place (wh		•••••••
18. Funeral director	C.E.Cl	ine an	d Son	Means of Injury	Injured at work?	
Address	Freder	ick, M	aryland	Millin	iom D.	
19. 12 May	1945	13	salute & Heck.	23. SIGNATURE VIZUENCE	MAD, or oth	er VYY

NAME OF THE REPORT AND STATE OR ASSESSED.

MANAGED (THOSE) DESIGNATION

RECEIVED MAY 15 1945

BUREAUTE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH 45019

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DE.	Frede	rick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)		
CountyS+2		****************	Mary land	State Maryland Con	unty	·····
Now long in above place	of death? Febr	ua ry	Mary land URAL and give nearest town) 19, 1945	city or town. Baltimore (If outside city or town limits		
Hospital, Institution, or	street address where d	eath occurred		Street No. R. 14. Box 33		
Marylan	a Tubercu	nosis	Sana tori um	(If rural, give	e LOCATION)	
How long in hospital or	r Institution?F.C.D.I	uary	19, 1945	2.(a) If veleran, name war		
3. (a) FULL NAM Fred	E Allen St	ring			3. (b) Social Securit	y Number
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Ma	rri ed	2D. DATE DF DEATH MAY 14	19.4	1:10A M
R (b) Name of	Xwife Lou I	Elle S	Spri ng	21. I CERTIFY that death occurred on the date ab	cve stated: that I altended de	eceased from
Ba(e) Hamo Ulanasan		6.0	) If alive, give age30 years	February 19	45 to May 1	L419.4.5
7. Birth date of	Jenuer	~ 10	, 1899	and that I last saw h. im alive on May		
deceased (mo., day, )		Days	If less than one day	Immediate cause of deathPulmonary Tubercu	locia	DURATION 1 Yr.
46		4	hrs. min.	Fullmonary lubercu	10818	
9. Birthplace Lo	uden Cour	ty ,	Za.	Due to		
	Truck Di	river	(ate)			******
1D. Usual occupation			•••••••••••••••	Due to	220000000000000000000000000000000000000	******
11. Industry or busines		1-7.3	O		******************************	***********************
12. NameJ			Spri ng	Dther conditions		
	Louden			(luclude pregnaucy withit 3	months of death)	
14. Malden name.	Mary Est	ter Si	noots	Major findings of operations		
To Riethniaca	Louden (	County	v. Va.	Major magngs of operations.		
T.c	Mary Est Louden ( ou Elle S	ri nø	Wife	Autopsy results		
				PHYSICIAN: Please underline the cause to w	which death should be charg	ed statistically.
	L4, Box 33			22. VIOLENCE: If death was due to external ca	uses, fill in the following:	
17 / /2ur	n, or removal. Which?)	Date then	may 17-1945 (month) (day) (year)	Accident, suicide, or homicide		******************************
(Burlal, eremation	n, or removal. Which?)	NIVA	n+ What Center	Where did injury occur?(City or town)		
Cemetery & Ace Ca	ST. M. Da	4X-7527;	No Frederick my	N .		
Location	int of R	ocks,	Harmen 14	Injured at home, farm, industry, public place (v		
18. Funeral director	M. R. E	tchis	on & Son	Means of injury	Injured at work?	
	Frederi			14 h.	dem	
5/11	110	-	1.7 Wolfen	23. SIGNATURE	M.	D. orolet
19	19.45 eofstrar)		Registrar	Address State Sanatori	um, Md. Date sign	ed5/14/45

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MAY 16 1945
BUREAU V.S.

Marie D. M. Mr. Brite Manager and

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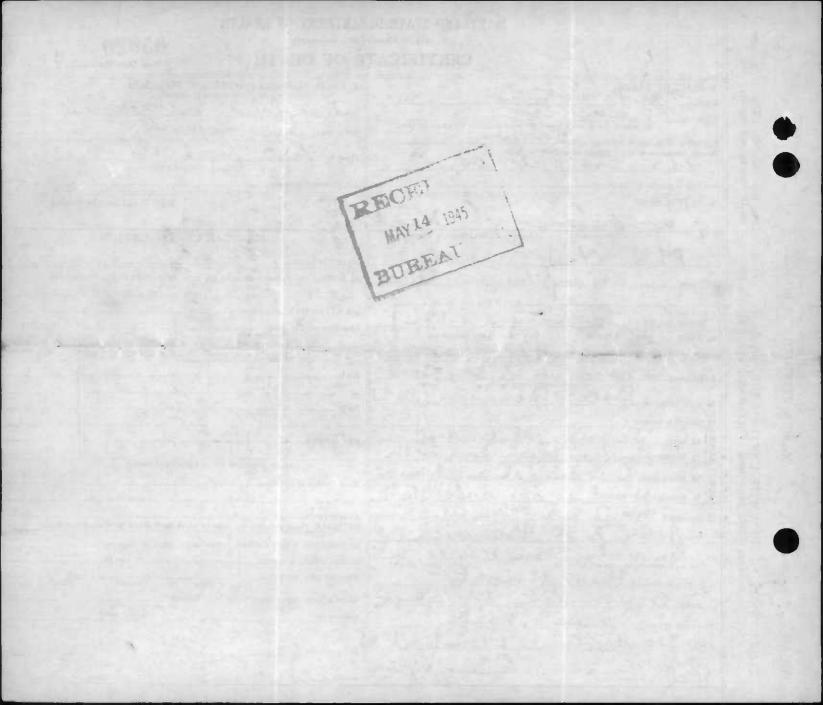
MARYI	AND	STATE	DEPARTMENT	OF	HEA'	TH
III CA IX I L		DIALL	DLI ANXIIILII	UI		

2411 N. Charles St., Baltimore 33 CERTIFICATE OF DEATH

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6	9	U	63	2	ŧ	J

Reg. Dist. No..

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County Christian City or town Drunswick	State Mary Land County Okederick
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	Gity or town
Hospital, Institution, or street address where death occurred:	403 Coal W. Hr
905 / Each a. Dt.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	ley
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	20, DATE OF DEATH STATE OF 19 50 at 8 -A. h
may Elan Green atickle	21. I CERIATI Wat death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband as wife.	Clacy 1943 to Feey 1019 583
7. 8irth date of South All Paris South Agents Age	and that I last saw h
deceased (mo., day, yr.) January 22 186	Impediate came of death
8. AGE: Years Months Days If less than one day	Carried House
8 4 2 8hrsmin.	March of Fearly are
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation B40, R.R. Engineer (Ret.)	
	Due to
11. Industry or business	
12. Name	Dither conditions
E C. Y. A. Caully again	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. 8irthplace Tomburg Shendungers La. U.	Date of op.
16. Informant Mea. Mady Clear Olicities	Autopsy results.
Address 905 & A St. Drumwick no	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof May 12 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or seematery Park Resolution	Where did injury occur?
Levelin Brunswick, Mary land	Injured at home, farm, industry, public place (where?)
Jana & Bride	Means of Injury 4. / work?
18. Funeral director	The state of
Address 2 to M. Polomice of Drumburck 10	23. SIGNATURE
may 11- 1045 Emme mention	M. D. or other
(Date rec's by registrar)	Address Date signed



carefully. The co

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

05021 131

Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Frederick (For newborn infants give residence of mother) Maryland Frederick Frederick (If outside city or town limits, write RURAL and give nearest town) Frederick 15 years How long in above place of death?. (If outside city or town limits, write RURAL and give nearest town Hospital, Institution, or street eddress where death occurred: #4 Center Street #4 Center Street (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number ELIZABETH DORCUS STOCKMAN None 4. Sex 5. Color or race B.(a) Single, married, widowed, or divorce MEDICAL CERTIFICATION May 26th, 1945 4 7:30P John W. Stockman 21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 6.(b) Name of husband or and 7. Right date of and that I last saw he alive on 122 February 3, 1959 deceased (mo., day, yr.) 8. AGE: If less than one day 86 23 Frederick County Maryland (Town, county, and state) At Home 10. Usual occupation.... 11. Industry or business George W. Measell Frederick County Maryland 14. Maiden nat (Include pregnancy within 3 months of death) Rebecca Elizabeth Stull Frederick County Maryland Mrs. Harvey Stockman PHYSICIAN: Please underline the cause to which death should be charged statistically. Frederick. Maryland Address 22. VIOLENCE: If death was due to external causes, fill in the following: Burial
(Burial, commetica, or removal 5/29/45 (month) (day) (year) Mount Olivet Cemetery Where did injury occur? ...... Frederick, Maryland Injured at home, farm, Industry, public piece (where?) ...... Injured at work? M. R. Etchison and Son Means of Injury Frederick, Maryland Frederick, Maryland

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MAY 31 1945
BUREAU V.S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



### CERTIFICATE OF DEATH

05022.

Reg. Dist. No. 1.3

1. PLACE OF DEATH:  County Trederies	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanto give residence of mother)
7 0 . 0	State Mid County Frederich
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 19	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1 Cent 2 4 5 f
11 East 2 - 5/	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Elisha C. S.	wouley some
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH May 30 - 19.45, at 3 A - M
	21. I GERTIFY that death occurred on the date above stated; that lattended deceased from
6.(b) Name of husband or wife	LOUIS 10 1945, to 30 1945
	/\ \\.\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
7. Birth date of deceased (mo., day, yr.) March 3/ 1860	and that I last saw I
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
85 1 29hrsmin.	
a Richard Mew Market, Frolerick, md	
9. Birthplace (Town, coonty, and state)	Due to
10. Usual occupation Farmer (relief)	Due to.
11. Industry or business	
	Dther conditions
	(Inclode pregnancy within 3 months of death)
14. Maiden name. Margaret Helsen  15. Birthplace Frederich Co. Md.	
15. Birtholace Frederich Co. Md.	Major fiodings of operations.
7 - 2 / 2	Date of op.
18. Informant Miss Ella Surally	Actorsy results.
Address Freduits med	PHYSICIAN: Please ooderline the caose to which death shoold he charged statistically.
B 1/1/45	22. VIOLENCE: If death was due to external causos, fill in the following;
(Burial, eramation, or ramoval. Whiteh?)  (Burial, eramation, or ramoval. Whiteh?)	Accident, suicide, or homicide
Cemetery or crameter. Central	Where did injury occur?
P T AP	
Location Colonial Tuesday Track	Injured at home, farm, industry, public place (where?)
18. Funeral director Harry E. Garty Ca	Means of Injury Injured at work?
Address Fredering, med.	23. SIGNATURE A WAY DUE 1 VIEW
31- Mars Sur CP - D. to by Hoch	23. SIGNATURE
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address the de had web signed 30148

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

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### CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEA	Hrede	rick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Stat	e Sanato	rium,	Maryland URAL and give nearest town)	state Maryland county Montgomery		
How long in above place	of death? Sinc	e 3/1	9/45	City or town Silver Spri (If outside city or town limit		
Hospital, Institution, or	street address where	death occurred	s Sana torium	Street No. 1907 Landsdow	n Way	
How long in hospital or	Institution? Sir	ce 3/	19/45	2.(a) If veteran, name war		V
3. (a) FULL NAME			A ROMENTAL ELLIN		3. (b) Social Security	Number
	Lennie A	_			None	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		ERTIFICATION	
Fema le	White		Married	20. DATE OF DEATH May 8		
8.(b) Name of husband ox xxx Paul Tager  6.(c) If alive, give age 49 years 7. Birth date of deceased (mo. day, vr.) December 30, 1892				21. I CERTIFY that death occurred on the date ab March 19 19	45 to May 8	19.45
deceased (mo., day, yr	Months	Oays	If less than one day	Immediate cause of death	· · · · · · · · · · · · · · · · · · ·	OURATION
52		8	hrsmin.	Pulmonary Tubero	ulosis	13 Yrs.
9. BirthplaceNO	(IOWII,	county, and	state)	Due to		
			***************************************	Due to		
11. Industry or business 至 12. Name Or	ris P. K	night		Other conditions		
13. Birthplace N	or th-Her			(Include pregnancy within 3		
H 14. Maiden name	Sarah Da	rrow		(Include pregnancy within 3		
14. Malden name W 15. Birthplace W	inthroe,	N.Y.		Major findings of operations		
16, Informant Pa	ul Tager	· (Hus	band)	Antoney results	• • • • • • • • • • • • • • • • • • • •	
Address Sil	ver Spri	ng, M	aryland	PHYSICIAN: Please underline the cause to w		d statistically.
17. (Burial, cremation,	or removal, Which?	Date ther	eof May 88, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external ca	Date of	
26747 M M M M M M M M M M M M M M M M M M	x Trans	porta	tion to:	Where did injury occur?(City or town)	(County)	(State)
Location	rand Is	le, V	ermont	Injured at homo, farm, industry, public place (v		
11			& Son	Means of Injury	Injured at work?	
	Churmont		- // 4	J.M. d	ston	
19. (Date pec'd by reg	-1-	1	Registrar	Otota Constant	um, MdBate signe	5/8/45

LEADER CO. CO. TO A COLUMN STORY

PROHEVED MAY 12 1945

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEA	ATH:			(For newborn infants give residence of	mother)	
County Frederick				State Maryland Con	Frederic	k
(15 autolds situ or town limits write RIRAL and give pearest town)				Tefferson		
How long in above place	at death? 2 V	Veeks		(If outside city or town limit	s, write RURAL and give r	earest town)
Hospital, institution, or	street address where	death occurre	d:	Street No.		
Frederi	lck City	Hosni	tal	(If rural, give	LOCATION)	
How long in hospital or	Institution? 2We	eks		2.(a) If veteran, name war None	***************************************	
3. (a) FULL NAM					3. (b) Social Securit	
3. (a) FULL NAME		a Mutara	TAR KANTONIO ONTEN	A CITTO		., 1,4,2,501
	GEORGI		JIAM KNIGHT THR		None	
4, Sex	5. Color or race	6.(a)amg	le, married, widewed, or dispress		ERTIFICATION	
M	W		M	20. DATE OF DEATH May 11	19.45	7 at 4:35A M
6,(b) Name of husband	Nell'	e Tal	rin	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended de	eceased from
6,(b) Name of histories	or wite		50	II. Was	45, 10 Mas	4 1/ 19 4-5
7 Plub data of		6.	(c) If alive, give ageyears	and that I last saw h.L. alive on	Jay 11	19 43
deceased (mo., day, )	n.) October	31,	1890	Immediate Caulo of death		DURATION
8. AGE: Years	Months	Days	It less than one day	Pulymony 26	lise of	3 News
54	1 8	10	hrs	Ourlos el	dema	
Mont	comery (	County	Maryland	Ilrema	•••	2 w his
9. Birthplace	(Town,	connty, and	y Maryland	Due to		
10. Usual occupation				Due to Chine Refhr	tie	10410
	A			Due to		
11. Industry or busines	8		2	Other conditions Carevery des	merc +	140
里 12. Name	TTTSIN TIL	rasiie.	r	1160		1042
			nty Maryland	(Include pregnancy within 3	months of death)	
# 14. Maiden name.	Ella V.	Mill	9r	Major findings of operations		
E Sirthplace F:	rederick	Coun	ty Maryland	Major Busings of Operations.		***********************
7/170			Thrasher			
10. mroman				Antopsy results	which death should be chars	red statistically.
Address Je.	fferson,			22. VIOLENCE: It death was due to external ca		
, Buria	1	Date the	month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation	, or removal. Which	4	(month) (day) (year)			
Cemetery or - ocemat	Reform	ea ce	merery	Where did injury occur?(City or town)		
Legation	Jeffer	son,	Maryland	Injured at home, farm, industry, public place (	where?)	
LUGATION	M. R	Etchi	son and Son	Meens of injury	Injured at work?	
18. Funeral director		*************			2/2/	
Address	Freder	ick,	Maryland	23. SIGNATURE	Druc	e M. D.
11- Ma.		6	lisabeth J. Hech.		741 ) M.	D. or other
19	19X.b.		Registra	Address Jeffusou	Wd Date sign	ed July 9
1	9		<del>-</del>	//)/		

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-6)

### CERTIFICATE OF DEATH

() Rer	Dat No.	13	37
	100	***************************************	7

Hospital, institution, or	alNew putside city or town lies of death?	mits, write F 2 death occurre	SOT UKAL and give nearest town) O YEATS	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State
3. (a) FULL NAM	E	Al	DAH Z. WADDELI	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Slogi	e, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Wie	dowed	20. DATE OF DEATH MOY 9 19 45 at 11:15 Pm
B.(b) Name of husband	or wife Char	les S	. Waddell	21. I SERTIFY that death occurred in the date above stated; that I attended deceased from
	7 7	6.6	c) If alive, give ageyears	May 7 1945 to may 9 1945
7. Birth date of deceased (mo., day, )	7	Nov.	14, 1868	and that I last sawh alive on Way 9 19 45
8. AGE: Years 76	Mooths	Days 25	If less than ooe day	Immediate/cause of death DURATION DURATION
9. Birthplace	ederick (Town. None	county, and	tate)	Due to.
11. Industry or busines	Frederi	OK HO	cor	
12. Name		Maryl	000000000000000000000000000000000000000	Other conditions The Conditions of the Condition
	Sarah C			(Include pregnancy within 8 months of death)
14. Maiden name.		Maryl	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Major findings of operations.
Mrs	. Mildre			Date of op.
10. In 10(m2n)		*************	r. Md.	Autopsy results
Cemetery or cremate	al or removal. Which?) Bethe Creek, C	Date them 1 Met	5-12-45 (month) (day) (year) hodist 1 Co. Md.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
1B. Funeral director Address	C 1	M. Winfi	Naltz ald, Md.	23. SIGHATURE. E. L. Ser Man. M. D. and M. D.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

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CERTIFICAT	E OF DEATH Reg. Dist. No. 3
I. PLACE OF DEATH:  County  City or inse  (If outside city or town limits, write RURAL and rive nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred;  How long in hospital or institution?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infacts give residence of mother)  State  County  County  (If outside rity or royal limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Leorge Werking	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or dirorced Scrigle	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.44 21.5 5 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the tale above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	and that I last saw h
8. Birthpiace. Peleville Trederich & Manface. (Town, county, and state)	Due to
10. Usual occupation. Wheel anyth	Due to
11. Industry or business  12. Name Caau Werfeng  13. Birtholace  Pensylvanica	Dther conditions Calerio Saleronia
14. Maiden oame Allean Haffman  15. Birthplade  15. Birthplade	(Include pregnancy within 3 months of death)  Major findings of operations
18. Informant Merques Askelal Meleceh Hd.	Actopsy results
(Burial, crespation, or removal. Which)  Date thereof. Man. 6-1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Bulattarille - Manifacul.	Where did injury occur?
18. Funeral director 6. H. Fute & Do	Means of Injury tnjured at work?
Address Brunswich MA-	23. SIGNATURE M. D. or other
19. H VVQ 19. 19. 15 Classification (Date rec'd by registrar)	Address Transice had Date signed 1

TANDAMO STATE DESCRIPTION OF SELECT

RECEIVED MAY 7 1945 BUREAU V. F. I 2411 N. Charles St., Baltimore (191-2)

05027

### CEDTICICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH:  County Frederick  City or tame (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh? 40 years  Hospital, institution, or street address where death occurred:  121 North Market Street  How long in hospital or inslitution?  3. (a) FULL NAME  GRACE BLANCHE WHI TMORE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)  State Maryland County Frederick  City or term (If outside city or two limits, write RURAL and give nearest town)  Street No. 121 North Market Street  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or Discrete	MEDICAL CERTIFICATION
Female White Married	2D. DATE DF DEATH May 24 19 45 of 7:15 PM
8.(b) Name of husband or Thomas Arnold Whitmore  1. Birth date of deceased (mo., day, yr.)  2. AGE: Years   Months   Days   If less than one day   Months   Days   Days	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from April 5th 18 45 to May 24th 18 45 and that I last saw h er alive on May 22d, 18 45  Immediate cause of death DURATION 1 hour
8. BirthplaceWoodsboro, Frederick Co., Maryland (Town, county, and state)  10. Usual occupation	Due to Cardiovascular-renal 2 years Due to
Daniel P. Zimmerman  13. Birthplace Frederick Co., Maryland	Dther conditions
14. Malden name Catherine L. Stitely 15. Birthplace Frederick Co., Maryland 16. Informani T. A. Whitmore	(Include pregnancy within 8 months of death)  Major fludings of operations
Burial Date thereof May 27, 1945 (Burial, exemption, or samoual, Which?)  Cemetery or samoual, Which?)  Cemetery or samoual, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Frederick, Maryland  18. Funeral director C. E. Cline & Son  Address Frederick, Maryland  19. 2 - May 18.4 - Chiabett 4 tech (Date ree'd by registrar)  Registrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. ROCK  Address Frederick, Maryland  Bate signed 5/26/45

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE

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RECRIVED

MAY 31 1945

BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

### CERTIFICATE OF DEATH

05028

1. PLACE OF DEATH: To Jane of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	man land I lokan Mi
(If outside city or town limits, write RURAL and give nearest town)	That areal.
low long in above place of death?	City or town (11 outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death agencing	Street No. 205 6. 50
	(If rnral, give LOCATION)
low tong to hospital or Institution?	2.(a) If veteran, name war
MINNIE ELSIE WILES	3. (b) Social Security Number None
. Sex 5. Color or race 6.(a) Single, married, widowed, or discoved	MEDICAL CERTIFICATION
and white Widow	20. DATE OF DEATH. May 9 1845 at 11.00
(i) Name of husband or wife. Mederick Junglice Wiles	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Birth date of	ars and that I last saw h. L. alive on Many 9 1184
deceased (mo., day, yr.) Juliary 16, 1872	Immediate cause of death DURATION
. AGE: Years Months Jays I If less than one day	
13 \ 3 \ 23 \hrshrs.	10. Salter Mellity 7
Birtholas Tredluck aut, Maryland.	Due to
(Town, connty, and fate)	Gehaushen
D. Usual occupation.	Due to
1. Industry or business	
12. Name ( Melecia Create Marsace	of Other conditions Chrolis Vancular Charles 3
	(Include Pregnancy within 8 months of death)
14. Maiden gardaraly Elizabeth Erust	Majur fiudings of uperatiuus
15. Birthplace Taldericle Courty, Marylanes	Date of op.
6. Informan & Cliquien Fedid	Autupsy results.
De A- And Tuland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial May 12/1945	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Barial Company (Mary) (Mary) (Mary) (Mary)	Accident, suicide, or homicide
Mount Olivet Cemetery	Where did injury occur?
Frederick Md	injured af home, farm, industry, public place (where?)
M. R. Etchison & Son	Means of Injury Injured af work?
Address Frederick, Md.	- 23 SIGNATURE Hacurence Faloney mo
10 May 1845 - Elisabeth & Heck	Z3. SIGRATURE M. D. or other
(Date rec'd hy registrar) Registrar	ar Address Technick 10 Date Signed >- 7-43

### HILLER WAS THAT HE HAVE



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

U	51	16	い、	1	2	
Reg.	Dist	. N	0		3	.(

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Frederick	state Maryland county Frederick
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Lifetime  Hospital, Institution, or street address where death occurred:  1614 N. Market Street  How long in hospital or institution?	City or test. Frederick (If outside city or town limits, write RURAL and give neerest town)  Street No. 1614 N. Market Street  (If rural, give LOCATION)  2.(a) It veteran, name war
3. (a) FULL NAME	
Edward Jacob Winebrener	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	2D. DATE DF DEATH May 15th. 1945 at 4:45p.m
6.(b) Name of hostend or wife Minnie Young  5.(c) If allve, give age years  7. Birth date of deceased (mo., day, yr.)  April 15–1864	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18/12 to 19/12 19
8. AGE: Years   Months   Days   If less than one day	Immediato conse of death DURATION
81 1 0hrsmin.	The state of the s
9. Birthplace	Bue to.  Bue to.  Bue to.  Bther conditions Manually Alexander Agency  Bue to.
14. Maiden name Caroline Ebert Lancaster, Pa.	(Include pregnancy within 8 months of death)
I anguston De	Major findings of operations.
	Date of op.
16. Informant Miss Caroline Winebrener  Address Frederick, Md.	Actopsy results
17 Burial Date thereof May 17-1945  (Burial, eremation, or removal Winter)  Cemetery or exematory Mount Olivet Cemetery	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Location Frederick, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director C.E. Cline and Son	Means of Injury Injuryd at work?
Address Frederick, Md.	thanh H- Negr
19. 17- May 1945 Elizabeth 4 Hech Registrar	Address Address Date signed WY 16 L
	1345

SATEARS STATE DEALERS OF DEALER

RECRIVED

MAY 18 1945

BUREAU V.S.

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore.

### CERTIFICATE OF DEATH

Reg. Dist. No.

CountyFrederick				2. USUAL RESIDENCE (FICHME) OF DECEASED: (For newborn infants give residence of mother)		
Walkersville (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Main Street				State Maryland Con	mty Frederick	
				Walkersville (If ontside city or town limits, write RURAL and give nearest town)  Street No.  Main Street (If rural, give LOCATION)		
How long in hospital or	Institution?			2.(a) If voteran, name war.		,
3. (a) FULL NAME		FEISE	R WINEBRENNER		3. (b) Social Security Number	ber
4. Sex	5. Color or race	6.(a)Sing	in married, promed, or diversely	MEDICAL CI	ERTIFICATION	
Female	White	Di	vorced	20. DATE OF DEATH May 25	19.45 st	5 p. M
		6.	nebrenner (c) If alive, give age60 years	and that I last saw havealive on	44 10 May 25	19.45 19.45
8. AGE: Years		Days	If less than one day	Immediate cause of death		OURATION
58	7	20	hrs,min.	- Jaccesson Bue		•••••••
9. BirthplaceWC	Housewi		and state)	Due to		
11. Industry or business		TI				••••••
12. Name	Parma Lee	**************	***************************************	Other conditions		••••••
	Woodsboro			(Include pregnancy within 3 r	months of death)	
14. Malden name	Florence	L. Rig	gs			
14. Maiden name	Walkersvi	lle. M	larvl and	Major findings of operations		
			ebrenner		Date of op	
				PHYSICIAN: Please underline the cause to wi		
Address 17. Burial	Walkersvi		may 28, 1945  (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide		
	Hount		Cemetery (month) (day) (year)	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		
Cemetery or e <del>remator</del>				Where did injury occur?(City or town)	(Connty) (Sta	ite)
Location			Maryland	Injured at home, farm, industry, public place (wi	here?)	
18. Funeral director	С. Е.	Cline	& Son	Means of Injury	Injured at work?	
			Maryland	() 000	1	
19. 28 - MO	LL 10 45 -	0	lizabeth & Heck.	23. SIGNATURE CALVELL	M, D, of oth	27/45
19. 2 K - VNC (Date ree'd by reg	LL 10 45 -	0	A	23. SIGNATURE CONTROLL CONTROLL Address Wolher will	M, D, of oth	27/4

